

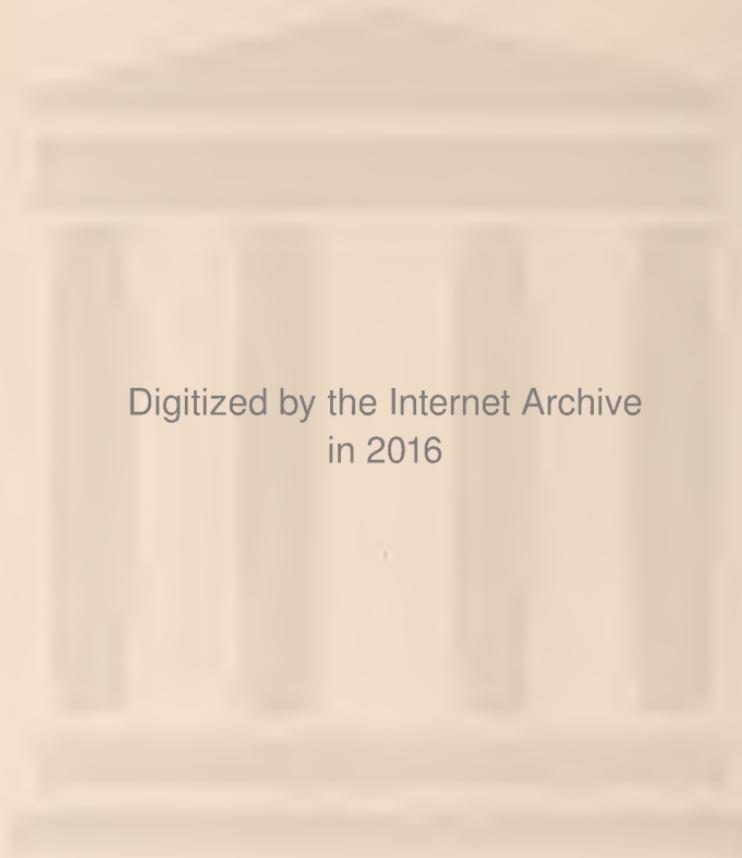


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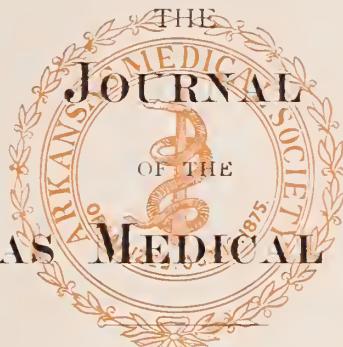
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NUMBER 4.



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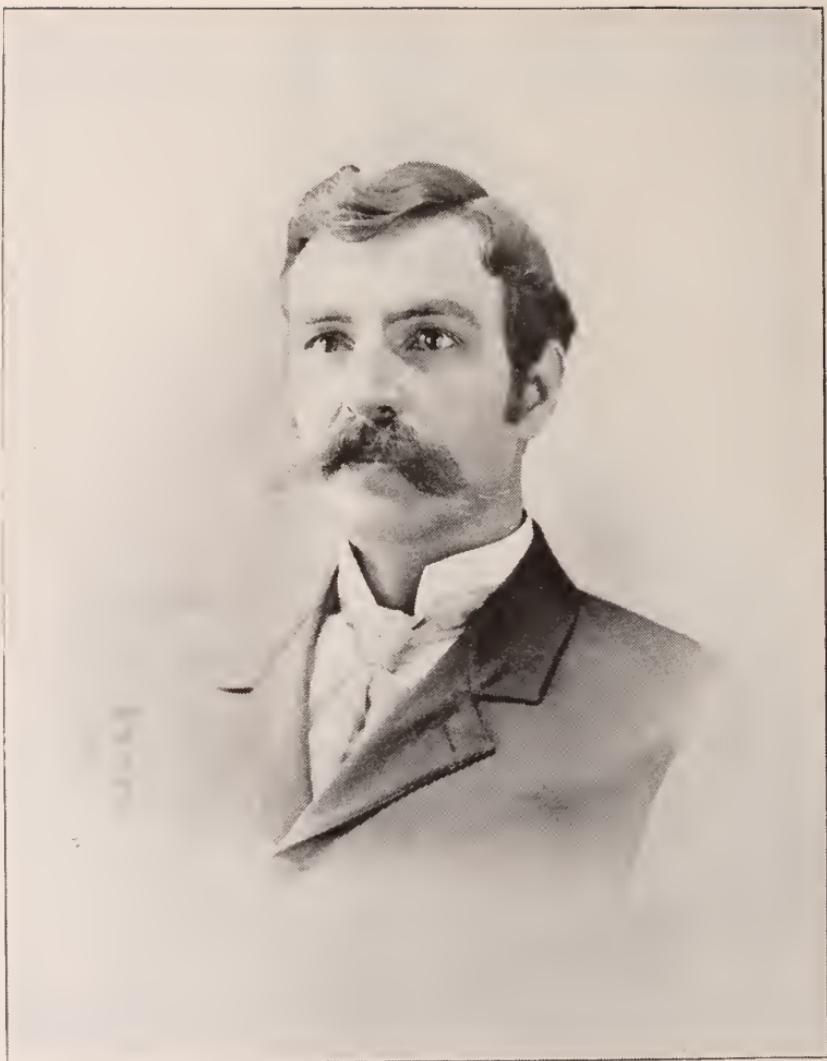
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THE
Journal
OF THE
Arkansas Medical Society.

VOL. V.

OCTOBER, 1894.

NUMBER I.

Medical Society Papers.

Annual Address of the President.

BY D. C. EWING, M. D., BATESVILLE.

[Delivered at the Nineteenth Annual Session of the Arkansas Medical Society.]

Gentlemen of the State Medical Society of Arkansas:

Before entering upon the duties of that exalted and honorable position, to which you by your voice have raised me, permit me to recognize both the honor and the grave responsibility and to thank you for the confidence you have reposed in me. While I feel my utter littleness and my incompetency, yet I feel assured that your large-hearted generosity will readily accord to me that measure of charity which will cover and hide a multitude of faults. You shall certainly have my best efforts towards the due administering of every duty, every incident, every function of that position, honored in the past, honored in the present, and around which honors will continue to cluster, until the curse shall be removed and man restored to his primitive and original status and condition, "Freedom from sin, exemption from suffering."

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PROGRESS.

Progress all along the line of our noble sciences has been marked by exceptional strides during the past fifty years, especially the latter half. In the year of grace 1845, or thereabouts, Henry Clay would consume, in time, at the least a part of a month in eliminating the miles between his loved Ashland home and the capital city of our country. Daniel Webster, too, the giant even among giants, must then have measured beyond "ye sacred antitraditional Sabbath day's journey," in going from the blue hills of his nativity to the valley of the Potomac. From New York on the East, to 'Frisco on the West, the journey would then have covered and consumed the modern pastorate of many earnest and faithful shepherds, over modern and restless flocks and the costs of such a lifetime journey would now necessitate a mortgage covering his entire wardrobe, inclusive of that mythical "barrel of sermons," and who, even of our most gifted prophets, dreamed, then, that in 1894, from Ashland, Ky., to Washington on the Potomac would, in point of time, be scarcely a pleasant lovers' stroll. Or from New Amsterdam to the Golden Port would require scarcely half the modern honeymoon made readily eclipsable by the new born system for divorcement and that in this same year of grace one of the parties thus rudely torn asunder might sit in London and listen to the honeyed words of a newly discovered angel, breathed so softly and so sweetly from an Edison phonograph! Yes, brethren, the Song of Progress is heard in the air and the Facts of Progress are seen everywhere.

Our noble science has been no laggard. Our grand old profession through her toiling and her searching votaries, her sons and her daughters have gathered some precious fruits and won many imperishable laurels.

SURGERY.

In this most important branch of our profession, rapid and most beneficial strides have been made. In Europe and in America men have stepped to the front and by their works made themselves eminent. On the one hand we read of the bold, on the other the conservative, surgeon. The one, never hesitating to perform any operation presented to him, too often regardless of results and simply with a view of increasing the number to be published to the world, regardless of the tortures inflicted, or the lives saved, or the victims sacrificed upon the altar of worldly applause and individual notoriety. On the other hand we read of the conservative man of the knife and the saw who hesitates to make an incision, or startle a bone, or misplace a muscle, so long as Nature has the lightest chance or opportunity for doing her own appointed work, but who hesitates not to act, and to act quickly, when the circumstances warrant and demand such action in order to save life.

Twenty-five years ago it was thought that a gunshot wound of the intestines would, in a large per cent of such cases, nearly always result in death. Now, by the use and aid of antiseptics, the surgeon does not hesitate at opening the abdomen, stitching the wounded parts, closing the cavity, and anticipating the best of results in the majority of instances.

In my judgment, the operation now in vogue for appendicitis is not a hazardous one, when the diagnosis is made and the operation performed before pus has formed and ruptured the appendix. Results justify this opinion, a large per cent of the cases thus treated having recovered. This operation has of late years been performed both here and abroad by almost all surgeons of note.

We may confidently look for great advancements and gain in the science of surgery during the next quarter of a century, if we take the past as a guide for the future.

The student of the present day looks with pride and pleasure to the bright prospects of the future, when he can joyously report his first successful attempt at surgery. His advantages are in every way far superior to those of even a few years ago. The methods for teaching in the schools, together with the clinics in the hospitals, give the student of to-day opportunities and facilities never dreamed of by us, who must so soon give place to another generation; and we fondly pray that they may so use and improve these better facilities as to win the laurel wreath of a just and an honest fame and undying, true brother to suffering humanity, the "physician and the surgeon."

In gynecology the entire medical profession gratefully acknowledges the original and invaluable contributions of Sims, Thomas, Emmett and Battey, nor could woman perform a nobler deed, nor do a more graceful act, than to erect in the name and on the part of her sex a monument to the memory of these heroes, whose skillful discoveries and inventions have wrought such a change in the treatment of her diseases. The poor woman who dragged out a miserable existence, with no possible chance of relief except by death, now has the advantages of all hospital facilities. Heretofore, there were but few hospitals that had special wards, or gave special treatment to gynecological diseases. To-day in most of the large cities we have hospitals especially for the treatment of females.

PRACTICE OF MEDICINE.

We find that there have been more changes in the practice of medicine during the past quarter of a century than for any other period within the century. We no longer use the small handbook on practice, once so generally in vogue. The field is now much broader. If you wish to purchase a book on the "practice of medicine," you find a system or encyclopedia of several volumes. It requires more study and more thought to keep up with the current literature than

it formerly did. If you wish to refer to any lecture upon the treatment of a disease, you will find the opinion of the prominent practitioners of both America and Europe. We are taught to lay aside the lancet and to take up a more conservative line of treatment.

NEW DISEASES.

We find no new diseases and comparatively few changes in the names. Since the country has become more settled and the lands better drained, we do not meet with the same class of diseases so frequently as in the past years.

There have been great changes in our hospital appliances. Architecture has been greatly improved. Formerly patients were placed in dark and poorly ventilated rooms, near the ground. These wretched apartments have given place to magnificent structures of many stories, each one abundantly ventilated. The tin wash basins, in many places, have given place to the neat, convenient and comfortable bath and toilet rooms, supplied with every aid to personal ablution and the intimated text or proverb, "Cleanliness is next to Godliness." Instead of the tallow dip, the adamantine or the coal oil lamp, we have either the gas or the electric light. All and everything conspiring and blending to help the doctor, to help the nurse, to help the medicine and to help the patient, and tending towards the one great end, the maximum benefit, the maximum comfort, the grandest results. The patient is not tortured by foul vapors and deadly gases and the faithful physician has the gratification of seeing his remedies work for good, with no disturbing causes to hinder. But the practitioner in the towns and rural districts may scarcely hope for the same results as in large cities and well appointed hospitals.

HOW TO INCREASE THE MEMBERS.

Every member of the Society should endeavor to induce his neighbor, in the profession, to come into the broth-

erhood, to become a member of the Society. We have a grand State and she is rapidly advancing in culture and in knowledge; side by side with her sisters she is lifting her voice for truth, for righteousness, for good. Where they progress, she progresses; where they advance, she advances; and shall her medical and surgical professions prove laggard now in this onward march? Why may not any section of our great and noble country point proudly to Arkansas, and to her Society, and to her sons of that Society, because by the use of their own powers, their own advantages, their own talents, they have become benefactors in the noblest sense of that term?

We have, in the State, about a thousand graduates of reputable medical colleges, and only about three hundred members in full fellowship in the Society. Every other profession has its organization, why should the medical profession of Arkansas be derelict in this duty they owe their State and society at large? The medical practitioners, by a systematic and thorough research, should be able to ascertain the origin of the diseases of their own locality. That being accomplished, and our ranks filled up with the physicians in every county in the State, we would be able to combat the diseases from a scientific standpoint. We would then feel that we had been of some benefit to society, and have a just cause to be proud of the honored title "M. D." We meet daily with the "charlatan," the "old mossback," and the "long-haired patent-medicine vendor." These all have their votaries, from which they draw their sustenance. If our Society were filled with all the graduates in the State, this would banish like the early dewdrop, or the delicate snow-flake beneath the noontide sun.

QUARANTINE.

I wish to call the attention of the Society to the importance of quarantine. During the past year the apprehension

of the country has been fully aroused on this subject and there is a disposition on the part of the public to have such laws enacted by Congress as will effectually prevent the Asiatic cholera from getting a foothold on our shores. A few cases in New York were reported two years ago, but by the vigilance of the board of health of that port they were able to stamp it out.

The cholera, starting from its home, three years ago and following the track which it has hitherto traveled, not only reached the most frequented ports of Europe, but crossed the Atlantic and two summers ago entered our ports. It was very much feared last summer, owing to the immense transatlantic travel to the World's Fair at Chicago, but the boards of health at different ports were watchful and prevented its arrival. Who can say that this same terrible scourge will not again threaten us? In view of this, and every other kindred danger, each State should have a board of health, kept in daily communication with each other during the summer months. Some two summers since, "yellow fever" broke out in Jacksonville, Fla. The United States government sent Dr. Hamilton to that port to act in concert with the State board. They formed a camp a few miles out in the pine woods, where the sick were well cared for. By this timely precaution, the disease spread but a few miles. Should an epidemic of yellow fever or cholera make its appearance in any one of our neighboring States, what protection would we have, with no State board of health, to plant and maintain quarantine stations along our borders? Quarantine proved most effective and demonstrated its power for protection against foreign diseases during the civil war. Every seaport along the South Atlantic coast and the Gulf of Mexico was effectively blockaded and thus kept entirely free from the scourge most dreaded by our Southern seaports.

General Butler proved himself, at least to the citizens of New Orleans, a blessing in disguise. During his dictatorship

there his rigid discipline, his thorough sanitary police system, together with the naval blockade, caused New Orleans to be the healthiest city in the entire country. All of this simply and clearly demonstrates the efficacy of a well planned and thoroughly administered quarantine system, nor can this or any other State afford to neglect so weighty a matter and especially when facilities for travel are so abundant and there is so much running to and fro. Negligence in this matter, under the existing circumstances, seems to very many reflecting minds at once cruel and criminal. This, my brethren, may sound like harsh language, but go to your cities, your towns, your hamlets, note the hundreds and thousands of your fellow mortals, old and young, rich and poor, exposed to diseases, whose ravages are more terrible, more horrible than "grim visaged war," and ask, "Is there not a cause?" I freely grant you that, with one exception, these diseases are now in abeyance, but for how long? Can you answer the question? And after the scourge has made its appearance and the grave digger prepared many resting places for fathers and mothers, and helpless little children, will that be the time for precautionary measures? An old man and a wise writer has left on record this opinion, "If any provide not for his own and especially for those of his own house, he hath denied the Faith and is worse than an infidel." We commend this saying as wholesome food for sober thought in certain quarters. Even now small-pox is doing its work in a section of our State. Have we any means for protecting and guarding against its rapid transmission and spread other than our local boards? Along the Iron Mountain and Cotton Belt railroads there may exist a feeble effort at protection, but elsewhere? Yes, elsewhere what is there to prevent the spread of this loathsome malady? If our State had an organized board of health, and a liberal appropriation by the State government, in a few weeks this disease could be entirely stamped out. The people along

the lines of railroads from Chicago and St. Louis to Texas and Louisiana are exposed daily to small pox, through their commercial intercourse with those cities, and they have not been free from the disease during the past winter and spring. You will readily see that we are at the mercy of all the tramps, together with their belongings, who choose to infest or traverse our State. Arkansas is fast becoming a noted health resort for people from all parts of the civilized world. We have our Hot Springs, with a worldwide fame as to the healing properties of its waters for special diseases. We have Eureka Springs eagerly sought during the early months by hundreds and thousands from the mountain regions of the Eastern States, and sought because the decrepit have heard that they may take one drink of its healing fluid and one bath in its power-giving waters and throw away their crutches and dance to the gleeful measures of "Eureka." Other springs and lovely mountain resorts are making our dear old State attractive to people far beyond her borders and these visitors are beneficial to us in many ways, even as we desire to be beneficial to them. And yet the intelligent people of Arkansas do not deem it either wise or expedient to spend a few hundred dollars annually for the protection of the people of the State. One or two cases of yellow fever or cholera would cost Arkansas thousands of dollars annually, to say nothing of the precious lives sacrificed upon that altar? Friends and brethren, the time for "masterly inactivity" is passed. Now, it is time, and high time, that we should awake out of our sleep and let our actions prove that we appreciate all the circumstances. I would recommend that the committee on medical legislation endeavor to get the next legislature to pass a bill reorganizing the State Board of Health, with an appropriation sufficient to make it effective and a credit to the State.

I would say a few words regarding and touching the charitable institutions of the State.

Very true, they are controlled by a board of trustees appointed by the governor, and confirmed by the senate, yet I think that it would be to the interest of the people of Arkansas to recognize organized medicine in the selection of the attending physicians of the institutions and not to allow each political faction to displace a competent, tried, tested and faithful incumbent at its own "sweet will," and merely because his untutored tongue cannot pronounce the party watchword.

If, under the blue canopy of heaven and in the sight of a merciful and loving Father, there be one crime more revolting, more hideous than all the rest, I believe that crime to be the placing the deaf and dumb and the blind, of the poor, helpless, feeble minded and the insane in the care of, and under the protection of incompetent officers. Such officers are, too frequently, at these posts and that will ever be the case where posts of mercy are bartered by politicians only for political preferment.

CONSTITUTION AND CODE.

Our delegates to the American Medical Association, which convenes in San Francisco, Cal., in June, will have an opportunity to vote for or against the adoption of the code, as modified by a committee, appointed by that association at its last meeting. I shall make no suggestions as to how they shall vote. I think the Society will be able to direct its delegates as to how to vote on the proposed change.

I would here say a few words in praise of the Society journal. I think it of great value to the medical profession of Arkansas. When the transactions were published in a pamphlet form and distributed among the members, they were laid aside and forgotten, but we get the journal once a month, and can read it at our leisure moments and lay it aside for reference. I hope the members of the Society will endeavor to make the journal one of the best medical period-

icals in the country. Much praise is due to our efficient editor for what he has made it.

I thank you for your patient and kind attention. My fort is not in addressing public bodies, and I have simply endeavored to call your attention to prominent points and to offer such suggestions as I deem of importance to the best interests of our Society and our profession, and I hope that this the Nineteenth Annual Meeting will be a harmonious one.

Dislocations.

BY ADAM GUTHRIE, JR., M. D., QUITMAN.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

Four points will be briefly noticed: the shoulder, elbow, wrist and hip.

Dislocations of the humerus form more than half of all dislocations met with. The anterior is of most frequent occurrence. The *American Text-Book of Surgery* says of it: "This is the commonest form." Flower has shown that about three-fourths of all dislocations of the humerus treated in the London hospitals are of this variety. However, it is of little importance which form occurs most frequently, as the anterior and posterior are easily converted into the downward by raising the elbow and carrying it backward.

The adoption of H. H. Smith's method, in reducing these three forms, enables us to dispose of the application of force, in any form, as well as anæsthetics in most cases.

An anterior (subcoracoid) dislocation of the humerus was reduced by my father, Dr. A. Guthrie, and myself a few weeks ago. The patient, J. E. B., was a large muscular man. No anæsthetic was used; the time required to

effect reduction being less than half a minute. Very little pain was caused by the procedure. Smith's exact method was practiced. This was first practiced successfully by the author in 1858. A clear and careful description of this method is given in volume 1, pages 721, 722 of his *Principles and Practice of Surgery*. Kocher, Kelly, Skey, Loure and others have given their methods, but none are so simple in their application nor so satisfactory in their practice as the method of Smith.

Dislocations upward are very rare. Bryant has only known of three cases being recorded. The *American Text-Book of Surgery* seems to give account of only seven cases. One case of this form occurred in my practice. The patient, R. E. M., was a 14-year old boy. The head of the humerus was driven upward between the acromion and coracoid processes, fracturing the latter. Gentle manipulation in this case availed nothing, and the patient was anæsthetized and a yarn ball placed in the axilla, the heel against this, the hand and forearm grasped, and the head of the bone brought into the proper position. Good movement and full strength returned in less than six months after the accident occurred.

Dislocations of the elbow occur next in frequency. They are generally formidable injuries, as they rarely exist without some complication. They should be treated promptly. Gross regards neglected cases of dislocation of the elbow as "extremely unpromising." In one case recently treated, the radius would leave its place every time the forearm was extended. It could only be kept in place by keeping the forearm flexed on the arm. After union had taken place the motion of the joint was considerably impaired. Massage and continual use gave good motion in a few months.

Another case was complicated with fracture of the inner condyle of the humerus. Four months elapsed before good motion was established.

In another case there was fracture of the olecranon process of the ulna, fracture of the inner condyle of the humerus and dislocation forward of the radius. The patient, R. E. K., a 15-year old boy, was up in a few days and returned home, a distance of 30 miles. I have heard since he went away that he caught at his hat as it was blown from his head, with his injured arm, partly displacing it. I have not seen him since it occurred. Two other cases have been recently treated with good results.

Dislocations of the wrist are generally easily reduced. One of my cases is thought to be unique and worthy of mention: The patient, Mrs. E. W., aged 55 years, fell from a low fence and dislocated both wrists backward, at the same time. They were easily reduced, but good motion of the hands did not return for several months.

Dislocations of the hip are generally regarded as grave accidents. Reid's plan of reducing dislocations of the hip, as described in volume 1, pages 732, 733 of *Smith's Surgery*, makes it, generally, an easy procedure, and is nearly always successful. This was practiced by Reid and given to the medical profession in 1850. Depres, of France, succeeded with the same plan and reported it fifteen years earlier. The real credit for first practicing and publishing this method is probably due to Nathan Smith, who published it in 1831. It omits the application of pulleys and all violent force and requires only skillful and gentle manipulation. I reduced a dislocation of the hip by this method a short time since. The patient, E. B., was a 6-year old boy, and had a backward (dorsal) dislocation of the hip. The patient was anæstheticized and less than fifteen seconds were consumed in reducing it. Very little force was used and the boy made a good recovery.

It is well to bear in mind that an easy reduction, sometimes, indicates extensive laceration and a difficult reduction

only limited laceration. These cases are given as verifications of the teachings of Professor Edwin Bentley, before his medical classes during the past years.

Skin-Grafting after Thiersch's Method.

BY J. D. SOUTHARD, M. D., FORT SMITH.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

If there is a field in surgery more neglected by us than any other, and yet one that is capable of yielding more brilliant results, it is, I believe, that of skin-grafting. It is capable of quite an extended application and deserves, I think, a more thorough and careful cultivation. After surgical operations, such as excision of the breast for cancer, in plastic operations, in extensive burns or other injuries involving extensive loss of tissue, we have in Thiersch's method of skin-grafting a most valuable resource: That is in this, as in all other surgical procedures, the most scrupulous attention to surgical cleanliness or asepsis is essential to success, goes without saying.

I can in no way, perhaps, better illustrate the technique of this method than by briefly reporting a case upon which I recently practiced it.

Albert L., a boy of 13 years of age, had the misfortune to get his right arm crushed between some timbers, resulting in an extensive slough, extending two-thirds of the way around the forearm, and from the wrist upwards nearly to the elbow over the inner aspect of the arm, down to and including considerable portions of the flexor muscles, an area of perhaps 18 square inches or more. As soon as the slough separated and the surface of the wound was covered

with healthy granulations, it was thoroughly disinfected, as was also the surface of his thigh from which the grafts were to be taken. Then the patient was anæstheticized and with a razor the top of the granulated surface was sliced off and the hemorrhage arrested by pressure and heat. Then strips of skin an inch wide and from one to three inches long were removed from the thigh with the razor by a sawing motion, the razor being kept wet with normal salt solution (a tea-spoonful of salt to a quart of boiled water); these grafts were carefully spread out over the wound until it was pretty well covered, the raw surfaces being, of course, placed together. The grafts were then covered with sterilized rubber tissue (oil silk answers the same purpose); then a thick layer of moist aseptic gauze covered over with rubber tissue and roller bandage.

The dressing was changed on the third day, and daily afterwards. The grafts all lived and did beautifully, and in two weeks the surface of the wound was entirely healed and covered with true skin, and without the slightest contraction. The wounds made on the thigh, by the removal of the skin, were dressed with sterilized rubber tissue, a thin layer of gauze and bandage. This dressing was allowed to remain ten days and when removed the wounds were perfectly healed.

Some surgeons advise not only that the entire surface be covered with grafts but that they should overlap. I do not think they should be allowed to overlap, for it must happen in many cases—as it did in this, notwithstanding the most careful attention to aseptic details—that pus will form about the surface of the wound which, should it not escape, would prevent union. Should pus form underneath the grafts, its ready escape would be prevented by their overlapping, and the death of the grafts would follow.

The tendency of the grafts to curl up, constitutes the only troublesome feature of this procedure. This is pre-

vented in a measure by the free use of the salt solution, but the surgeon should have at hand a teasing needle with which to unroll them, and every corner and margin should be straightened out. The first layer of protective should be applied in strips corresponding in width to that of the grafts, the edges just coming together but not overlapping. This will allow a ready escape and absorption of any pus which may form, and the rubber tissue or oil silk will prevent adhesion of the dressing and facilitate its removal.

THE
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OF THE
Arkansas Medical Society.

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The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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VOLUME V.

OCTOBER, 1894.

NUMBER I.

Editorial.

THE JOURNAL'S VICTORY.

Ever since the first number of this JOURNAL was issued it has been waging an unequal contest against the postal authorities as to its rights under the postal laws. It has been from the start discriminated against in the most glaring manner. For four years it has been persistently denied the privilege of second-class mail matter, while other publica-

tions, both medical and lay, have been granted this right. The manager of the JOURNAL has been persistent in his efforts to have the rulings of the Post Office Department reversed and justice done this publication, but all attempts were fruitless until it was reduced to the question of appealing to Congress or the courts.

Through the aid of Congressman W. L. Terry the matter was brought to the attention of Congress and the amendment to the last post office appropriation bill was enacted, which admits journals of the same class as ours to the mails for transmission as second-class matter at the rate of one cent per pound, instead of one-half cent an ounce.

The following is the amendment referred to:

"Provided, That from and after the passage of this act all periodical publications issued from a known place of publication, at stated intervals and as frequently as four times a year, by or under the auspices of a benevolent or fraternal society or order organized under the lodge system, and having a *bona fide* membership of not less than one thousand persons, or by a regularly incorporated institution of learning, or by or under the auspices of a trades union, and all publications of strictly professional, literary, historical, or scientific societies, including the bulletins issued by the State Boards of Health, shall be admitted to the mails as second-class matter, and the postage thereon shall be the same as on other second-class matter, and no more; *Provided further,* That such matter shall be originated and published to further the objects and purposes of such society, order, trades union, or institution of learning, and shall be formed of printed paper sheets without board, cloth, leather or other substantial binding, such as distinguish printed books for preservation from periodical publications."

The manager of THE JOURNAL had been assured several times that it would be admitted, and on this authority—not official, however—continued the publication under the most adverse circumstances.

After a third or fourth adverse decision, last January it was deemed best to suspend publication until the law could be either changed or construed by act of Congress; or, in event of failure in this direction, to resume publication and bear the unjust burden with patience and a restricted circulation.

It was hoped the law would be in effect in time to resume with the July number, but official notice of the passage of the amendment was not received until too late. As it was thought best to begin with a regular quarter, its publication was postponed until this, October number, beginning the third quarter of the year 1894.

TO THE MEMBERS OF THE SOCIETY.—YOUR JOURNAL is again before YOU; it will be issued regularly from now on and its managers will do all that they can to make it what *you* desire it to be.

TO THE PHYSICIANS OF ARKANSAS.—This publication is the only official representative of medical organization in Arkansas; it invites you to subscribe for it, write for it, work for it—and join your professional brothers in upbuilding the profession in our State.

TO ADVERTISERS.—Our JOURNAL makes no boast of an enormous circulation; it has no circulation liar, but depends for support as much upon the class of its readers as upon their number. It has no aspirations to circulate outside of its own State. It is purely a local publication, destined to be read by nearly every reputable physician and pharmacist in Arkansas. If you desire to sell your products in this State, this journal offers you the very best medium through which you may reach consumers in the territory it covers. Its advertising rates are fixed and invariable, as will be seen by reference to the top of the editorial page, and no advantage whatever will be given one advertiser over another.

THE PINE BLUFF MEETING.

The Nineteenth Annual Meeting was not up to the standard that has been established for several years. The attendance was fair but the deliberations were what the dramatic critics would be pleased to term "ragged." In the

first place, THE JOURNAL assumes its share of responsibility for whatever shortcomings may have been apparent. It was unfortunate that its publication was suspended just at a time when its services would have been of most use in connection with the meeting. This was caused by the expectation that a final decision in its case would be reached in sufficient time before the meeting to publish the delayed numbers and bring the publication up to date. Those who have depended on the acts of legislative bodies and of officials know well how uncertain such things are. THE JOURNAL knows it *now*.

It was perhaps a mistake to have the meeting arranged for three days, although that much time has generally been not too much and most profitably consumed. A number of members who arrived in time for the opening departed before the close, so that all of those who were present during the meeting were not in attendance at any one time. The section work was not even. Surgery was full and was rushed through in unnecessary haste. Practice came next with a fair list of titles, while Gynecology was a straggler in the rear of the other two sections. The foregoing is all that can be said in adverse criticism.

Notwithstanding the irregularities mentioned the meeting was not by any means an unsuccessful one. Some of the best papers ever read before the Society were presented, and several excellent discussions were held.

By a glance at the registration it will be seen that the attendance was fair as to delegates, permanent members and applicants for membership.

One of the pleasantest features was the reappearance of some of the old familiar faces that had not been seen at our meetings for years. These old members departed with a promise and determination to return again next year, and to work hard in the meantime for the success of the next meeting.

The lives of but a very few individuals or organizations are lived out without some flaws or gaps in their life history. Both individuals and organizations, many of them, can fix the date of their upward career from some little flaw or gap which caused them to awaken to a full realization of duty and a determination to thereafter well perform it. From the promises that were made at Pine Bluff, and the determination to work for the Society, expressed on every hand, it is almost a certainty that the twentieth anniversary, to be held at Little Rock, May 1 and 2, 1895, will be the largest and most interesting medical gathering ever assembled in Arkansas.

Of the social features at Pine Bluff, no exaggerated account could be given. Notwithstanding the fact that almost an epidemic of diarrhoea and dysentery was prevailing at that time and the local physicians were consequently extremely busy, they found time to provide the most elaborate entertainment for their guests, and the only regretful feature was that a number of members did not remain to enjoy all the magnificent entertainments that were provided.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The Twentieth Annual Meeting of the Mississippi Valley Medical Association will be held at Hot Springs, Ark., November 20, 21, 22, 23, 1894.

Dr. Xenophon C. Scott, of Cleveland, Ohio, is president; Dr. F. C. Woodburn, Indianapolis, Ind., secretary, and Dr. T. E. Holland, Hot Springs, chairman of the committee of arrangements. To those who are acquainted with the above mentioned officers it would not be necessary to say more about the meeting; this is, therefore, intended for those who are not so fortunate. From the amount of earnest work that is being done as is manifested by the exquisitely designed and thoroughly distributed announcements of the

meeting, there can be no doubt of the grand success of the gathering.

Hot Springs has been unfortunate in her efforts to have the American Medical Association to hold a meeting on her invitation, but the Mississippi Valley Association is nearly as large a body, whose membership extends far beyond the confines of the great valley, and Hot Springs will be equal to the occasion of handsomely entertaining those who avail themselves of the exceedingly favorable opportunity of visiting her during the approaching session.

The committee of arrangements is fortunate in having more than the formal coöperation of the railroads in its endeavor to get reduced rates. The exceptional rate of one fare for the round trip has been agreed upon already, and from the large number who have already signified their intention of attending the meeting, the only question of doubt is, not that it will be a large meeting, but how large.

An invitation to attend the meeting was extended to the Arkansas Medical Society at Pine Bluff.

The preliminary programme will be found elsewhere in this issue and is so varied, both as to titles of papers and residence of authors, as to afford all who may attend an opportunity to be entertained and instructed.

THE PRESIDENT.

The election of Dr. A. C. Jordan, of Pine Bluff, to the office of president, was an honor bestowed upon a worthy member. Ever since Dr. Jordan has been a resident of this State he has been an earnest worker in the Society, both in scientific and organic departments. He is young, energetic, accomplished and—his picture in this issue will describe him more minutely to those who admire fine looking gentlemen.

Editorial Notes.

MAY 1, 1895—One hundred and fifty members present.
Work to that end.

MAY 1 and 2, 1895—The twentieth anniversary and
the best medical meeting ever held in Arkansas. Commence
the work now.

WITH a two days' session all who attend ought to be
able to be present all the time during the entire meeting.
Strive to be able to do it.

WITHOUT the usual entertainments two days will be
sufficient to transact all the business. Let us begin now to
arrange for that kind of a meeting.

SEVERAL members were present at the political State
conventions who did not attend the meeting of their State
Medical Society.

EVERY general assembly of the churches, fraternal so-
cieties, temperance organizations and political parties is at-
tended by physicians who neglect the meetings of their own
profession.

IF every member of the Society will, from now to the
first day of May, 1895, do *half* his duty, 250 instead of 150
will be the registration footing.

SOME of the members are yet general practitioners and
there are some problems in the practice of medicine not en-
tirely solved. The section on practice ought to be well sup-
plied with papers May 1 and 2, 1895.

EVEN obstetrics is not an exact art at the present writ-
ing and much might be done to unravel some of its knotty
problems if the section on that branch has as many papers
as it ought to have May 1 and 2, 1895.

WITH all the brilliant achievements in modern surgery there are yet two sides to many of the questions daily confronting the practitioners in that branch. Something can be added to that science and art if the surgeons will commence now to prepare their papers for May 1 and 2, 1895.

AND yet, after all that has been written about the next, twentieth annual session of the Arkansas Medical Society to be held in the city of Little Rock on Wednesday and Thursday, May 1 and 2, 1895, numerous members who have read it will continue to make the usual inquiry as to when and where the Society meets next time. The way to avoid this is to make a note of the fact, commence preparations at once and keep working until the time for the meeting arrives.

A WORKING medical society in every county and a full delegation from every society—that is the platform for 1895. It is more important to members of the medical profession in our State than the free silver or tariff questions and is much easier solved.

A. D. 1895, TWENTIETH year of the Arkansas Medical Society.

MAY, the month in which the meeting will be held.

THE first and the second, the days on which the meetings will occur.

NOW the time to get ready for all of it.

YOU the one to commence work.

The Arkansas Medical Society.

Minutes of the Nineteenth Annual Session of the Arkansas Medical Society, Held at Pine Bluff, May 23, 24, 25, 1894.

FIRST DAY—GENERAL SESSION.

Wednesday, May 23, 1894.

The Society met in the Merrill Institute Lecture Hall and was called to order by the president, Dr. D. C. Ewing, of Batesville, at 12 o'clock m.

Prayer was offered by Rev. Mr. Moore, after which Dr. A. C. Jordan, chairman of the committee of arrangements, announced the entertainments for the meeting, and that a change had been made in the programme, so that the president's address and address of welcome would be postponed until this evening at 8 o'clock.

The committee on credentials reported the registration of the following list of delegates, permanent members and applicants for membership:

DELEGATES.

A. A. Horner, M. Fink, Phillips County Medical Association; D. C. Ewing, Independence County Medical Association; P. O. Hooper, G. W. Hudspeth, E. Bentley, C. S. Gray, D. A. Gray, J. W. Pipkin, J. A. Dibrell, Jr., R. G. Jennings, F. Vinsonhaler, E. Meek, J. I. Hancock, Little Rock Medical Society; B. Hatchett, Geo. F. Hynes, J. D. Southard, H. Moulton, Fort Smith and Sebastian County Medical Association; R. P. Moore, J. M. Paynor, Eureka Springs and Carroll County Medical Society; W. B. Deffen-

baugh, Logan County Medical Society; A. B. Loving, A. C. Jordan, Z. Orto, J. H. Smart, J. P. Runyan, P. H. Pendleton, Jefferson County Medical Society; J. M. Keller, M. G. Thompson, P. L. Barry, J. C. Minor, Hot Springs Medical Society; J. R. Lynn, W. W. Hipolite, Prairie County Medical Society.

PERMANENT MEMBERS.

J. L. Goree, D. S. Mills, S. M. Taylor, J. W. Withers, D. C. Walt, A. W. Troupe, Jefferson County; L. P. Gibson, A. L. Breysacher, J. H. Lenow, J. H. Southall, Pulaski County; J. T. Jelks, T. M. Baird, Garland County; Adam Guthrie, Jr., Cleburne County; R. M. Drummond, Pope County; J. H. Hutchinson, Arkansas County.

APPLICANTS FOR MEMBERSHIP.

R. P. Moore, Oak Grove, Carroll County, Vanderbilt University; J. M. Paynor, Berryville, Carroll County, Medical Department Arkansas Industrial University; P. L. Barry, Hot Springs, Garland County, Baltimore Medical College; N. B. Beakley, England, Lonoke County, Medical Department Arkansas Industrial University; W. B. Deffenbaugh, Paris, Logan County, Starling Medical College; E. T. Pry, Douglas, Lincoln County, Vanderbilt University; F. M. Soper, Monticello, Drew County, Kentucky School of Medicine; M. Y. Pope, Monticello, Drew County, Jefferson Medical College; O. C. Hankison, New Gascony, Jefferson County, Vanderbilt University; J. H. Smart, Pine Bluff, Jefferson County, College of Physicians and Surgeons, New York; T. J. Wright, Fort Smith, Sebastian County, St. Louis Medical College; B. A. Hall, Monticello, Drew County, Kentucky School of Medicine; Randolph Brunson, Little Rock, Pulaski County, Tulane University.

The applicants were voted for by ballot and elected to membership.

The chairman of the committee on credentials stated that two Societies had delegates present who desired to register but delegates from neither had been registered by the committee on credentials because it appeared from the lists of members presented that some of the members of one Society were also members of the other in the same county, thus causing increased representation by dual membership. He asked that the matter be referred to the judicial council.

The president appointed the following to fill vacancies in the judicial council, viz: Drs. Hooper, Horner, Hatchett, Orto, Bentley, Hynes, Jelks, C. S. Gray, and Guthrie.

Dr. Jelks asked to be excused from serving as a member of the council, and his request was granted by the president.

Dr. A. C. Jordan read an invitation from Rev. Father Lucy requesting the members to visit the Jefferson County exposition.

A recess was taken until 1 o'clock p. m.

The Society reconvened at 1 o'clock p. m.

Dr. Keller introduced Dr. D. W. Yandell, of Louisville, who on motion was invited to a seat by the side of the president. Dr. Yandell acknowledged the compliment in a few remarks.

The judicial council reported as follows:

The judicial council finds that the question of dual representation in this Society has already been passed upon at a previous meeting. Following this ruling, we find that the Hot Springs Medical Society is entitled to four delegates at this meeting, and the Medico-Chirurgical Society, from the fact of its having only four members not already members of the Hot Springs Medical Society, is not entitled to representation at this session of the Arkansas Medical Society.

P. O. HOOPER, *President.*

B. HATCHETT, *Secretary.*

Pine Bluff, May 23, 1894.

Adjourned until 8 o'clock this evening.

SECTION ON PRACTICE OF MEDICINE.

Wednesday Afternoon.

The Section on the Practice of Medicine convened at 2 o'clock and was called to order by the chairman, Dr. B. Hatchett, of Fort Smith.

The secretary, Dr. J. C. Amis, being absent, Dr. T. J. Wright was chosen secretary *pro tem.*

The chairman then proceeded to deliver his address on the "Practice of Medicine," which on being concluded was referred for publication.

Dr. Edwin Bentley, of Little Rock, read a paper entitled "Deductions from the Treatment of Affections of the Lungs and Pleura at the Clinic of the Arkansas Industrial University, Medical Department."

The discussion was opened by Dr. J. T. Jelks and continued by Drs. Gibson, Guthrie, and closed by Dr. Bentley. The paper was referred for publication.

Dr. Gibson read a paper on the subject of "Suggestions for the More Exact Prescribing of Diet."

Dr. Bentley opened the discussion and was followed by Drs. D. A. Gray, Hynes, M. G. Thompson, Hudspeth, Baird and Goree. Dr. Gibson closed the discussion and the paper was referred for publication.

Dr. D. A. Gray read a "Report of Two Cases of Parenchymous Metamorphosis of the Kidneys," which was referred to publication committee.

Dr. J. R. Lynn not being present, his paper on "A Case of Malarial Hæmaturia," was postponed.

The Section adjourned to Friday afternoon.

T. J. WRIGHT, M. D.,

Secretary pro tem.

GENERAL SESSION.

Wednesday Evening.

The Society convened at 8 o'clock, with the president occupying the chair.

Dr. A. C. Jordan, chairman of the committee on arrangements, delivered the address of welcome, to which response was made by Dr. Hynes.

Vice President Guthrie having been called to the chair, President Ewing proceeded to deliver the annual address.

At the conclusion of the address, Dr. D. W. Yandell was called for and responded in a short address

Dr. Horner moved that the president's address be referred for publication.

Dr. Hatchett suggested that it be referred to a special committee of three.

Dr. Horner modified his motion in accordance with the suggestion and the motion being carried the vice president appointed Drs. Hatchett, Minor and Horner.

Adjourned until to-morrow morning at 9 o'clock.

SECOND DAY—GENERAL SESSION.

Thursday, May 24, 1894.

The Society was called to order by President Ewing at 9:30 o'clock a. m.

The trustees of THE JOURNAL submitted the following report:

LITTLE ROCK, May 22, 1894.

To the Trustees of The Journal:

THE JOURNAL has not been issued regularly since my last report, for reasons that have been given in that publication and with which you are doubtless familiar. Ever since THE JOURNAL was first started it has been most unjustly discriminated against by the postal authorities, in refusing its admission to the mails as second-class matter. Every effort has been made to have the unjust treatment rectified, and THE JOURNAL has struggled along against it until it was believed by me and advised by others to make a final and

determined effort and, failing in this, to either appeal to the courts or Congress.

At the request of Congressman Terry the case of THE JOURNAL was reopened by the Post Office Department and a new application for entry as second-class matter was forwarded. When the case was reopened, the claim of THE JOURNAL was so plainly made out that I had every assurance that no further trouble would be encountered. Acting on this I commenced the publication of back numbers and would have been issuing THE JOURNAL on time now but for the final decision of the assistant postmaster general, which again affirmed his former rulings and barred our publication from the second-class rates.

Mr. Springer has offered an amendment to the postal appropriation bill granting to publications of the same class as ours the same privileges extended to other publications. It was adopted in the committee of the whole and afterwards passed the house. It is believed this amendment will become a law next month, when our journal will be able to take advantage of it.

THE JOURNAL could afford to pay the 3 cents postage on each copy now required, if it was intended for circulation among the members of the Society only. But I believe its mission is to cover a much larger field and be the instrument of enlarging our membership every year, until our Society will in every respect be the great representative of the medical profession in our State, in members as it is now in intelligence.

At the subscription price of \$1 per annum, it would be a losing business to circulate with the impost of 3 cents per copy per month postage—36 cents a year for each subscriber.

That THE JOURNAL has been of vast influence among our own members must be apparent to every member of the Society who has cared to pay any attention to the matter. I say this in no boasting spirit, for I take the occasion in this paragraph to repeat my annual statement and to impress it upon our members, that it is not *my* journal but *theirs*, and it has been, is and will be whatever they choose to make it. When every member comes to realize his individual and joint ownership and responsibility in connection with the Society's journal, I believe it will reach a degree of prosperity and influence that was never anticipated when it was started.

The January number is published but not mailed; the February and March numbers are ready for the press. As soon as the postage question is *finally* decided, either one way or the other, the back numbers will appear rapidly, and I hope we will soon have smooth sailing again. If it is decided against us, it may be best to reduce the size of THE JOURNAL to a 36 page magazine, omit the Pharmacy Department, take out all advertisements and continue it as a strictly Society paper. I hardly think the latter course will be necessary.

I inclose herewith the part of the *Congressional Globe* containing the amendment of Mr. Springer and the remarks of Mr. Terry relating to THE JOURNAL.

Very respectfully,

L. P. GIBSON, M. D.,
Editor.

The report was received.

The secretary read his report as follows:

REPORT OF THE SECRETARY.

Mr. President:

The roll of members contained, when the roster for 1893 was compiled, 219 names; 34 members were admitted at the Batesville meeting last May (1893). There have been dropped from the rolls for nonpayment of dues, removals from the State and resignations 16 members, making our membership in January, 1894, 237 members—236 active and one carried without payment of dues.

Dr. W. P. Hart, an ex-president of the Society, has died since our last meeting; also A. R. Banks. I have not been notified of the death of either of these members, nor has any action been taken, so far as I have been advised, by the county society to which they belonged.

Very respectfully,

L. P. GIBSON,
Secretary.

The chairman of the committee on medical legislation submitted the subjoined report:

REPORT OF COMMITTEE ON MEDICAL LEGISLATION.

The continuance of this committee and the presentation of this report, particularly as there could be no legislation, however much desired, as there has been no assemblage of our State legislature, may appear to you totally

unnecessary under the circumstances. However, as our worthy president has thought proper to continue your obedient servant again as chairman of this committee, he has no other alternative before him but to conform to the general expectation and usages of our organization, and present to you such practical observations of the workings of our new law, as have left their impress upon him.

It should be borne in mind, and doubtless a majority of our members present, will recollect the report of this committee at our Batesville meeting, of 1893, wherein many conscientious misgivings and uncertainties were then frankly expressed, as to the practical operations of the new bill, viz.: "An Act to Define the Qualifications of Physicians and Surgeons Practicing in the State of Arkansas!" that had then but recently become a law of the State, to be in force from and after the 14th day of July, 1893, following.

The members constituting the State Examining Board, preceding this legislation, were not changed by our present governor; and at the date, July 14, 1893, when this new law came into practical operation, the State Board of Examiners had under consideration an appeal case from the Mississippi County board, upon which final action was not taken until July 19, 1893.

From that date until the present, there has been twenty-one applicants for license to practice medicine and surgery in Arkansas under the new act. These applicants were largely representatives from medical colleges, and in most instances they had attended but a partial or whole course of medical lectures. The colleges thus represented were Memphis, St. Louis, Louisville, Cincinnati, Nashville, Atlanta, Mobile and our own medical department. Of these twenty-one applicants, only four of them have been granted license to co-fellowship in the practice of medicine and surgery in Arkansas. This record of the State Medical Examining Board since July 14, 1893, to this present date, may seem to you somewhat remarkable, considering the great number of licenses granted previously by the county examining boards.

Undoubtedly there would have been a great many more applicants before the State Examining Board, from our own medical college, as also from other medical colleges but for the fact that so *very few* applicants successfully stood the required test in the examinations, that the great

majority considered discretion the better part of valor for them to pursue, and therefore never presented themselves before the board.

The new law, therefore, has fulfilled every essential requirement that could have been expected of it; and, in fact, it has thus far given evidence of answering fully all the purposes of which our profession, as represented in this State association, has desired! Indeed, "we have builded better than we knew," as far as its practical workings have extended. Let us, therefore, adhere to it and uphold it, *just as long* as it subserves our purpose, and not amend or alter it, for fear that when we again meddle with it, it may pass beyond our control, and once more open the flood gates for the entrance of every conceivable character, representative of fraud, ignorance and charlatanism into our professional ranks.

R. G. JENNINGS, M. D.

Chairman.

After a spirited discussion the report was received and referred back to the committee for further consideration and future report.

On motion of Dr. Horner a vote of thanks was tendered Dr. Jennings for his earnest work as chairman of the committee on medical legislation.

Dr. J. T. Jelks made an informal report of the delegation to the American Medical Association.

The treasurer submitted the following statement of account:

LITTLE ROCK, ARK., June 1, 1894.

A. L. Breysacher, as Treasurer,

In account with The Arkansas Medical Society.

| | |
|-----------------------------------|----------|
| To cash on hand June 1, 1893..... | \$196.65 |
|-----------------------------------|----------|

| | |
|--|--------|
| To amount collected from members to June 1, 1894 | 635.00 |
|--|--------|

| | |
|--|----------|
| | \$831.65 |
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CREDIT.

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|--------------------------------------|----------|
| By vouchers herewith submitted | \$775.40 |
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|---|------|
| By amount pd. German Bank exchange on collect.... | 2.50 |
|---|------|

| | |
|--------------------------|-------|
| By balance on hand | 53.75 |
|--------------------------|-------|

| | |
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| | \$831.65 |
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| | \$831.65 |
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Respectfully submitted,

A. L. BREYSACHER, M. D.,

Treasurer.

On motion the report was referred to a special auditing committee and the president appointed Drs. Hooper, Goree and C. S. Gray as the committee.

Dr. Hatchett, chairman, read the following

REPORT OF THE BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE ARKANSAS INDUSTRIAL UNIVERSITY.

Mr. President:

The duty of visiting the medical department of the Arkansas Industrial University devolving upon your board was in a measure discharged by Dr. A. J. Vance and myself.

This duty to us was preëminently one of pleasure. We attended at the examination of applicants for graduation at the end of the last scholastic session; while I, on one or two occasions during the session, had the satisfaction of hearing some of the lectures delivered by members of the faculty. The good reports we had always received, and the favorable opinions already established in our minds regarding the institution were in no small way augmented by what we saw and heard.

We found the new college building, a handsome three-story brick, amply large and commodious, the general arrangement, class rooms, lecture halls, operating amphitheatre, dissecting room, etc., all modern in structure. The class, about eighty in number was made up in the main of bright, intelligent men, mostly residents of the State. We are informed that the personnel, as well as the size of the class, was improving from year to year.

The fourteen graduates were subjected to quite a rigid, though practical, examination, and in most cases evinced a degree of attainment very complimentary both to themselves and their professors. The faculty has adopted the three years' graded course of instruction, thereby showing the determined policy of the institution to keep fully abreast with the progress of the times. To speak of the gentlemen composing the faculty is superfluous. They are well known to this Society and the profession throughout the State. They are recognized as men of ability, and can be relied upon to uphold the dignity of the institution that carries with it the proud name of the Medical Department of the State University.

To those who witnessed the founding of the college, and who have watched its course with some apprehension

and misgivings as to its outcome, its already attained success and bright prospects for the future are exceedingly gratifying. We recommend, and bespeak for it, the continued hearty support of the members of this Society.

The report was adopted and ordered published.

The special committee on the president's address submitted this report:

REPORT OF COMMITTEE ON THE PRESIDENT'S ADDRESS.

Gentlemen of the Arkansas Medical Society:

Your committee on the president's address, having carefully reviewed and examined the same, do specially advise that the committee on legislation use every effort to secure the necessary appropriation for making more effective the work of the State board of health, and that the president's address be published in the official organ of the Society.

B. HATCHETT, *Chairman.*

A. A. HORNER.

J. C. MINOR.

The report was adopted.

Dr. Keller offered the following resolution:

Resolved, That the delegates from the Arkansas Medical Society to the American Medical Association, which meets in San Francisco, be and are hereby instructed to oppose any revision or change in the code of ethics. J. M. KELLER.

The secretary stated that a time had been provided in the programme for consideration of this subject and suggested that the whole question be considered at that time.

The resolution of Dr. Keller was put to a vote and lost.

Dr. Keller introduced the following:

Resolved, That the committee on medical legislation be and is hereby instructed to take such steps and use such efforts with the approaching legislature as it may deem necessary to change the existing law or custom which gives to the governor and county judges and boards of trustees or commissioners of State institutions the power to appoint medical officers to such positions, so as to give that power to said governor and commissioners only on the recommendation of the Arkansas Medical Society, through the State board of health, which board shall be appointed only upon recommendation of said Society. J. M. KELLER.

After considerable discussion the resolution was defeated.

The special auditing committee reported that they had examined the accounts of the treasurer and had found an error of \$2.50 against the treasurer. With that exception the report was correct.

Adopted.

The secretary read an invitation from Dr. X. C. Scott, president of the Mississippi Valley Medical Association, to the Arkansas Medical Society, to attend the meeting of the former association at Hot Springs November 20-23, 1894.

The secretary read the resignation of Dr. T. E. Murrell as a member of the Society, which was accepted.

Adjourned until to-morrow morning at 9 o'clock.

SECTION ON SURGERY.

Thursday Afternoon.

The Section was called to order by the chairman, Dr. Edwin Bentley, at 2 o'clock.

The chairman delivered his address, having for its subject: "Asepsis and Brain Surgery." It was referred for publication.

Dr. J. A. Dibrell, Jr., read reports of surgical cases entitled "Surgical and Pathological Memoranda."

It was referred to the publication committee.

Dr. C. S. Gray read a paper on "A New Remedy in Chronic Trachoma."

After discussion it was referred for publication.

Dr. Vinsonhaler read his paper on "A Modified Hotz Operation," which was discussed and referred to the publication committee.

Dr. M. G. Thompson read a paper on "Local Tuberculosis," which was referred for publication.

Dr. Southard read a report of "Empyema of Three Years' Duration Treated by Resection of a Rib."

Dr. Hatchett read a report of "A Rare Case of Hemorrhage from the Male Urethra."

Dr. Guthrie read a paper on "Dislocations."

The above papers were discussed and referred to the publication committee.

The Section adjourned.

D. A. GRAY, M. D.

Secretary.

THIRD DAY—GENERAL SESSION.

Friday, May 25, 1894.

The president called the Society to order at 9 o'clock a. m.

The secretary called the roll of counties for names to be placed on the nominating committee, and the result was the announcement of the following:

| | |
|---------------------------------|-------------------|
| DR. A. A. HORNER, Phillips | County (Society). |
| DR. D. C. EWING, Independence | " " |
| DR. D. A. GRAY, Pulaski | " " |
| DR. J. D. SOUTHARD, Sebastian | " " |
| DR. I. M. POYNOR, Carroll | " " |
| DR. W. B. DEFFENBAUGH, Logan | " " |
| DR. A. B. LOVING, Jefferson | " " |
| DR. J. C. MINOR, Garland | " " |
| DR. J. R. LYNN, Prairie | " " |
| DR. F. M. LOPER, Drew | " (No Society). |
| DR. ADAM GUTHRIE, JR., Cleburne | " " |
| DR. J. H. HUTCHINSON, Arkansas | " " |

Dr. Hudspeth moved that the nominating committee meet immediately after the noon recess. Carried.

On motion of Dr. Hutchinson the committee on medical legislation was requested to report.

The chairman of the committee stated that the other two members of the committee had gone home and therefore the report heretofore submitted and referred back to them had not been altered.

Dr. Hudspeth moved that all of the report be received except that part of it indorsing the present law.

After much discussion Dr. Moulton made the subjoined motion:

Moved, the adoption of the report of the committee on legislation on present law as of a law the best that could be obtained at the time, but that the future committees on legislation be instructed to obtain if possible an amendment to the law which will place the censorship of schools from which diplomas are presented in the hands of the State Medical Society or of the State Board of Medical Examiners.

Carried.

The special committee on revision of the constitution submitted their report.*

Dr. Horner moved that the report be received and the committee continued. Carried.

The secretary read the following resolution from the American Medical Association.

Resolved, That the respective State Medical Societies entitled to representation in this association, and through them their affiliated local societies, are hereby requested to consider the matter of revision of the Code of Ethics and report to this association at its next annual meeting; and if any alteration be deemed advisable, each State Society so deciding to specially indicate the part to be changed and write out in full the new form proposed.

Dr. Horner moved that this Society is unalterably opposed to any change in the present Code of Ethics; that the delegates to the American Medical Association be instructed to vote against any proposed alteration, and that a committee of three be appointed to draft suitable resolutions expressing the will of this Society.

Carried.

* The proposed constitution and by-laws will be published in the next issue. Reprints can be obtained by applying to the secretary.

In this connection the secretary read the following

LETTER FROM DR. D. A. LIN THICUM.

HELENA, ARK., May 21, 1894.

Gentlemen—From the commencement of my professional life in 1849, I became an earnest advocate of organized medicine and since the organization of the Arkansas Medical Society, I have tried to be an active member, contributing in whatever manner I could to its success, but for several years my health has been so precarious that I have, on account of that sort of trouble, been very irregular in my attendance upon its meetings, and since my last attendance at the Hot Springs meeting, I have been warned from a source I cannot disregard, that I must circumscribe my labor. But I do hope that the Society in its wisdom, will take some action upon our Code of Ethics, which in my mind, is the foundation stone upon which the Society rests, and assist to forever put a quietus upon further agitation in that direction, as in its present form it seems to me, to have emanated from minds that were inspired for the work allotted to them, as it restricts no honorable man, and only requires its members to do that which is good and eschew that which is evil. I shall look with great interest upon your work and bespeak for you a most successful meeting, both intellectually and spiritually. As long as I live I shall take an abiding interest in everything that will advance the science of medicine and promote harmony and good fellowship among its devotees. Most respectfully,

D. A. LIN THICUM.

The secretary also read the following

COMMUNICATION FROM THE NEW YORK MEDICAL ASSOCIATION

NEW YORK STATE MEDICAL ASSN. }
OFFICE OF THE SECRETARY. }

TROY, N. Y., January 1, 1894.

Dear Doctor:

At a recent meeting of our State association the following action was unanimously taken, viz.: "In reply to the notice that the American Medical Association had requested the State medical organizations in affiliation with that body to express their wishes in reference to any change in the Code of Ethics, the New York State Medical Association has to state, that it has made that code one of its foundation stones, and that it is entirely opposed to any alteration therein. This is the result of a full reconsideration of the subject, and after an experience of ten years of organization under the code."

Fully realizing the importance of this subject, and having weighed all the arguments advanced by the new and no-coders in the unfortunate controversy in this State ten years ago, as well as

since that time, we feel a deep interest in the prospective action of the State medical organizations.

We believe that honest and earnest men will find no bondage in the code but rather a banner under which to rally.

I shall be glad to hear from you in reference to this matter and the probable or completed action of your Society. I am glad to see that some of the States have already acted for the code.

Your obedient servant,

E. D. FERGUSEN,

To Dr. L. P. Gibson.

Secretary, etc.

The president appointed Drs. Gibson, Horner and Goree to draft the resolutions.

The Society took a recess for the committee to prepare the report.

On reconvening the following report was submitted:

Resolved, That the Arkansas Medical Society is of the opinion that the present Code of Ethics of the American Medical Association restricts no honorable man and only requires its members to do that which is good and eschew that which is evil, and that this Society is unalterably opposed to any alteration of the present Code of Ethics.

L. P. GIBSON,

A. A. HORNER.

J. L. GOREE.

Committee.

The resolution was unanimously adopted.

Dr. Minor's paper on "Politics in Medicine," was read by title and referred to the publication committee.

Dr. Moulton introduced the subjoined.

WHEREAS, The Arkansas Medical Society has been asked by the section of Ophthalmology of the American Medical Association to try and secure a law for the prevention of blindness in our State, and has furnished us with a copy of a desirable law for such purposes, and

WHEREAS, There are many in our State blind from ophthalmia neonatorum, and

WHEREAS, Blindness from this cause is largely preventable; therefore be it

Resolved, That our committee on legislation be instructed to endeavor to have the State legislature pass the following law; to-wit:

The people of the State ofrepresented in senate and assembly, do enact as follows:

SECTION I. Should one or both eyes of an infant become inflamed, or swollen, or reddened at any time within two weeks

after its birth, it shall be the duty of the midwife or nurse having charge of such infant, to report in writing, within six hours, to the health officer, or some legally qualified practitioner of the city, town or district in which the parents of the infant reside, the fact that such inflammation, or swelling, or redness of the eyes exists.

SECTION II. Any failure to comply with the provisions of this act shall be punished by a fine not to exceed \$200. or imprisonment not to exceed six months, or both.

SECTION III. This act shall take effect on the day of eighteen hundred and ninety.....

The resolution was adopted.

The secretary read a letter from Dr. J. H. Vineyard which stated that on account of continued ill health and advanced years he would probably never be able to attend another meeting of the Society and asked to withdraw his membership.

On motion Dr. Vineyard was continued on the list of members without payment of dues.

On motion Dr. D. A. Linthicum was continued as a member with exemption from payment of dues.

Adjourned until to-night at 8 o'clock.

SECTION ON OBSTETRICS AND GYNECOLOGY.

Friday Afternoon.

The Section was called to order at 2:30 o'clock by Dr. Z. Orto, chairman.

The chairman read the annual address, which was referred to the committee on publication.

A paper was read by Dr. P. H. Pendleton, entitled "Report of Laparotomy for Pyosalpinx, with Recovery."

After discussion by Drs. M. G. Thompson, Hudspeth, Goree, Orto, A. C. Jordan, Smart and closed by the author, the paper was referred to the publication committee.

Dr. Wright read a paper reporting a case of "Uterus Bilocularis."

The paper was referred to publication committee, and the author was given permission to rewrite it and forward it to the secretary.

The Section then adjourned.

J. P. RUNYAN,
Secretary.

SECTION ON PRACTICE OF MEDICINE.

Friday Afternoon.

Immediately on adjournment of the Section on Obstetrics and Gynecology, the Section on Practice was called to order by Chairman Hatchett, pursuant to adjournment on Wednesday.

Dr. Runyan was elected secretary *pro tem.*

After the reading of a paper by Dr. Lynn, on "Hæmaturia," and its discussion by Drs. Hudspeth, Ewing, Thompson, Guthrie and Jennings, it was referred to the publication committee and the Section adjourned *sine die.*

J. P. RUNYAN,
Secretary pro tem.

FINAL GENERAL SESSION.

Friday Evening.

The Society was called to order by the president at 8 o'clock.

The nominating committee reported as follows:

To the President of the Arkansas Medical Society:

The nominating committee of the Arkansas Medical Society in session at Pine Bluff, Ark., May 25, 1894, have the honor of announcing the following elections for the ensuing year:

| |
|--|
| <i>For President</i> —DR. A. C. JORDAN, Pine Bluff. |
| <i>1st V. President</i> —J. D. SOUTHARD, Fort Smith. |
| <i>2d</i> " M. FINK, Helena. |
| <i>3d</i> " G. W. HUDSPETH, Little Rock. |
| <i>4th</i> " R. P. MOORE, Oak Grove. |

For Secretary—DR. L. P. GIBSON, Little Rock.

“ *Assistant Secretary*—DR. D. A. GRAY, Little Rock.

“ *Treasurer*—DR. A. L. BREYSACHER, Little Rock.

“ *Librarian*—DR. R. B. CHRISTIAN, Little Rock.

For Section on Practice of Medicine—DR. R. G. JENNINGS, Little Rock, Chairman; DR. E. MEEK, Argenta, Secretary.

Section on Surgery—DR. ADAM GUTHRIE, JR., Quitman, Chairman; DR. J. R. LYNN, Des Arc, Secretary.

Section on Obstetrics and Gynecology—DR. GEO. F. HYNES, Fort Smith, Chairman; DR. T. M. BAIRD, Hot Springs, Secretary.

The time of the next meeting—the first Wednesday in May, 1895.

The place of meeting—Little Rock, Ark.

Respectfully,

D. C. EWING,

Chairman.

J. C. MINOR,

Secretary.

The report was adopted, except as to the time of meeting, which, on motion, was left to the secretary.

Dr. Minor introduced this resolution:

Resolved, That for the hearty welcome and the many courtesies to us by the various railroads of the State, the citizens of Pine Bluff, the Y. M. C. A., the press, the committee of arrangements and the *Jefferson County Medical Society*, this Society hereby express its sincere appreciation and grateful recognition.

Adopted unanimously.

The president appointed a committee of two to conduct the president elect to the chair.

The committee performed their duty and escorted Dr. A. C. Jordan to the platform.

In retiring from the chair, Dr. Ewing again expressed his thanks to the Society.

On assuming the duties of presiding officer for the ensuing year, Dr. A. C. Jordan returned his thanks for the high honor that had been conferred upon him, and expressed his

determination to do all in his power to continue the good work of medical organization in our State.

The Society then adjourned until the next annual session.*

L. P. GIBSON,
Secretary.

Entertainments.

On Thursday evening, May 24, from 8:30 to 11 o'clock the members of the Society were handsomely entertained by Mr. and Mrs. N. B. Trulock.

On Friday evening the Society was invited to a ball and banquet, at the Bluff City Club hall, by the Jefferson County Medical Society.

Miscellany.

Mississippi Valley Medical Association.

The secretary of this association announces the following preliminary programme for the Twentieth Annual Meeting in Hot Springs, Ark., November 20, 21, 22 and 23, 1894:

James M. Ball, of St. Louis, "Cases of Traumatic Cataract in Children Treated by Extraction;" W. F. Barclay, of Pittsburgh, "Toxics;" A. D. Barr, of Calamine, Ark., "The Philosophy of Stimulants;" Charles H. Beard, "Squint, with Special Reference to an Operation I have been Making the Past Six or Seven Years for the Correction of this Defect;" A. C. Bernays, of St. Louis, "Conservative Surgery, and What it Means at the Present Time;" A. W. Brayton, of Indianapolis, "The Deeper Inflammations of the Skin;" A. P. Buchman, of Fort Wayne, Ind., "Intestinal Indigestion;" Robert M. Campbell, Esq., of Ashland, Ohio, "The Medical Expert Witness;" L. C. Cline, of Indianapolis, "Some Observations on 'Sore Throat' Due to Concretions in the Tonsils;" W. J. Conklin, of Dayton, Ohio, "The Differential Diagnosis of Coma;" George Cook, of Indianapolis, "Constipation;" Wm. T. Corlett, of Cleveland, "Syphilis, and Its Relation to Other Affections, Especially those of the Skin;" A. H. Cordier, of Kansas City, Mo., "Surgical

*Since the adjournment of the Society and the meeting of the American Medical Association, the secretary has designated *Wednesday, the 1st of May, 1895*, for the next annual meeting.

Treatment of Uterine Fibroids; Disposal of the Pedical;" H. C. Dalton, of St. Louis, "Stab Wound of Pericardium; Resection of Rib; Suture of Pericardium; Recovery;" Davis A. Dean, of Pittsburg, "Surgical Treatment of Trachoma;" J. O. De Courcy, of St. Libory, Ill., "Possibilities of Medicine;" Arch Dixon, of Henderson, Ky., Subject Unannounced; Frank R. Fry, of St. Louis, "Quinine in Chorea;" John B. Hamilton, of Chicago, "Report of a Case of Trephining for Cerebral Clot; with Loss of Vision; Recovery;" C. H. Hughes, of St. Louis, "Spot Specialism;" W. H. Humiston, of Cleveland, "The Management and Treatment of Endometritis, and the Prevention of Tubal and Ovarian Diseases;" George F. Hulbert, of St. Louis, "Functional Stonosis; Its Relation to Malformations, Dislocation and Flexions; and Conditions Characterized by Amenorrhœa, Dysmenorrhœa and Hyperæmias; with a Scientific Rationale in Therapeutics;" W. S Kerr, of Mansfield, Ohio, Subject Unannounced; W. E. Kieley, of Cincinnati, Subject Unannounced; Bransford Lewis, of St. Louis, "The Neatest Method of Circumcising;" J. E. Link, of Terre Haute, Ind., "Colles' Fracture;" W. H. Loeb, of St. Louis, "Double Nasal Atresia, Due to Small Pox; I. N. Love, of St. Louis, "Tubercular Meningitis;" Startling Loving, of Columbus, Ohio, "Physicians' Prescriptions;" George N. Lowe, of Randall, Kan., "Traumatic Lesions of Cranium and Brain; Report of Clinical Cases;" Frank G. Lydston, of Chicago, "Observations on Residual Urine and Remarks on Perineal Section;" Henry O. Marcy, of Boston, "Modern Surgical Technique;" Heine Marks, of St. Louis, Subject Unannounced; Donald McLean, of Detroit, "Tumors of the Neck;" Joseph M. Mathews, of Louisville, "Advantages and Disadvantages of Kraske's Operation;" A. M. Meisenbach, of St. Louis, "Resection of the Knee for Separation of the Lower Epiphysis of the Femur; Case of Two Years' Standing in a Patient 13 Years of Age;" Harold N. Moyer, of Chicago, "Accidents and Injuries from Electric Currents of High Potential;" Frank P. Norbury, of Jacksonville, Ill., "The Mental Symptoms of Cerebral Syphilis; a Clinical Study;" John North, of Toledo, Ohio, "Enlarged Tonsils and Their Treatment;" A. M. Owen, of Evansville, Ind., "My Experience with Gold as a Therapeutic;" Charles B. Parker, of Cleveland, "The Surgical Treatment of Injuries of the Head;" Curben Pope, of Louisville, "Headache;" Joseph Ranshof, of Cincinnati, "Address on Surgery;" A. Ravogli, of Cincinnati, "Syphilis;" Charles A. L. Reed, of Cincinnati, "Reform in the Management of the Insane and the Neurotic, Viewed from a Gynecological Standpoint;" Dudley S. Reynolds, of Louisville, "Retinitis Syphilitica;" Merrill B. Ricketts, of Cincinnati, "The Spine and the Elevator;" John Ridlo, Chicago, "Infantile Paralysis;" X. C. Scott, of Cleveland, "President's Address;" S. E. Solly, of Colorado Springs, Col., "Climate and Tuberculosis;" Albert E. Sterne, of Indianapolis, "Toxicity in the Production of Nervous Diseases;" Leon Straus, of St. Louis, "Constipation from a Surgical Standpoint;" R. Stansbury Sutton, of Pittsburgh, "Laparotomy for Pelvic Diseases no Longer Necessary;" Homer M. Thomas, of Chicago, "Topical Treatment of the Air Passages; with Exhibition of a New Atomizing Vaporizer;" A. B. Walker, of Canton, Ohio, "The Importance of Urinalysis in Diagnosis;" Edwin Walker, of Evansville, Ind., "Reflex Irritation as a Cause of Disease;" H. O. Walker, of Detroit, Subject Unannounced; J. E. Whitaker, of Cincinnati, "Address on Medicine;" Wm. E. Wirt, of Cleveland, "Tumor Albûs of the Knee Joint;" W. N. Wishard, of Indianapolis, "Influence of Inflammation of the Seminal Vesicles in Maintaining Gleet;" E. Gustave Zinke, of Cincinnati, "Modern Antiseptic and Aseptic Midwifery in Private Practice."

The railroad rates for this meeting will be one fare for the round trip. A special train will leave St. Louis for Hot Springs Sunday night, November 18, via Iron Mountain route.

A stop of several hours will be made at Little Rock, Ark., on Monday, November 19.

It is requested that all who contemplate making this trip arrange their plans to join the official train at St. Louis Sunday night.

FREDERIC C. WOODBURN, *Secretary.*

390 College avenue, Indianapolis.

Appendicitis Obliterans.

Senn (*Journal of the American Medical Association*, quoted by the *Canadian Practitioner*, July, 1894) concludes his paper on this subject as follows:

1. Appendicitis obliterans is a comparatively frequent form of relapsing inflammation of the appendix vermiciformis.

2. It is characterized by progressive obliteration of the lumen of the appendix, by the gradual disappearance of the epithelial lining and glandular tissue, and the production of granulation tissue from the submucous connective tissue, which, by transformation into connective tissue and cicatricial contraction, starves out remnants of glandular tissue, and finally results in obliteration.

3. The obliterating process manifests a progressive tendency, and may finally result in a complete destruction of all glandular tissue and obliteration of the entire lumen.

4. The incipient pathologic changes occur either in the mucous membrane of the appendix, in the form of superficial ulceration, or as an interstitial process following lymphatic infection.

5. The most constant symptoms which attend this form of appendicitis are relapsing acute exacerbations of short duration, moderate or no appreciable swelling at the seat of disease, and persistence of soreness and tenderness in the region of the appendix during the intermissions.

6. The process of obliteration may begin at the distal or proximal end, or at any place between, or it may commence simultaneously, or in succession at different points.

7. Obliteration on the proximal side gives rise to retention of septic material, which finds an outlet through the lymphatics giving rise to nonsuppurative lymphangitis and lymphadenitis.

8. Circumscribed plastic peritonitis is an almost constant concomitant of appendicitis obliterans, and hastens the process of obliteration.

9. Complete obliteration of the lumen of the appendix results in a spontaneous and permanent cure.

10. In view of the prolonged suffering incident to a spontaneous cure by progressive obliteration and the possible dangers attending it, a radical operation is indicated, and should be resorted to as soon as a positive diagnosis can be made.

The Means by Which a Doctor May Acquire a Good Style in Writing.

Perhaps the most important element for securing a good style in writing is to have something to write. If a doctor has no ideas of importance, he will scarcely be able to have a good style. A very cursory study of medical literature will convince the reader that most writers on medical topics have but few ideas, hence their style is necessarily bad.

The frequent reading of medical works written in the best forms of English is a valuable method of acquiring a good style. The reading of the best works of general literature or science aids in the acquisition of the best style. In these ways, by simple association, the reader acquires something of the style of his favorite author. The universal habit of depending upon the daily newspapers for literature and science, as well as news, tends to level the style of the reader

to that of his favorite newspaper. There are models in medical literature if only they are sought for—models in style of thought and matter as well as in the forms of expression. We are aware of the obstacles in the way of many individuals, arising from their imperfect early training, or rather lack of early training. Equally great is the obstacle of indolence and lack of love for the best in medicine, whether it be style of writing, correct habits of thinking, or accurate observation.

We question whether writing done simply to advertise the writer, so that his practice may be increased, tends to the development of the best style. In medical literature, as in art or science, the spirit of the writer is easily to be detected by intelligent readers. Work in each of these departments that is not done for the love of expressing truth which the worker thinks will enhance the interests of the human race, falls below the best, whatever may be its other value.

Lastly, he who would cultivate the best style of expression must learn to stop when he has finished his message.

Articles, brief as is consistent with full and clear expression, written because the writer had something of importance to tell his fellows, written in the interests of truth and for the advancement of our art or science, written by one who holds frequent communion with the acknowledged masters of correct English—such articles will never fail of large and interested audiences, and of raising their writers in the estimation of all who may read.—*American Lancet.*

THE
Journal
OF THE
Arkansas Medical Society.

VOL. V.

NOVEMBER, 1894.

NUMBER 2.

Medical Society Papers.

Address on the Practice of Medicine.

BY B. HATCHETT, M. D., FORT SMITH, CHAIRMAN OF THE SECTION.

[Delivered in the Section on the Practice of Medicine at the Nineteenth Annual Session of the Arkansas Medical Society.]

Gentlemen:

As your chairman, I will consider my duty at present but a simple one, it being little more than to declare your section open for business. I will attempt no resumé of medical progress for any given period of time, nor weary you with long reports of cases. You are all readers and gentlemen of thought. Your daily perusal of current literature, and case investigations keep you continually in touch with the progress of the age, and any attempt on my part to present you these things anew would be superfluous and a waste of your time. I prefer before entering upon the regular work of the section to present a few thoughts in another direction.

Dr. Shrady has recently said, there is at the present time too great a tendency to introduce the mechanical principle into all departments of knowledge. Mental operations are trained to move with the precision of machinery. Parallel with this is the tendency to work in grooves. We call these latter, specialties, and our present methods tend to lead up to an ideal perfection in one particular line of medical practice. This is to a certain extent commendable, but if carried too far it saps vital nervous power, it makes the physician too dependent upon the instruments of precision which have been elaborated for his special line of work. He exalts the physical far too much above the physiological factor in the diagnosis, and concentrating his attentions too much upon one organ or set of organs he forgets that they are but a part, and that the whole is greater than any one part possibly can be. Especially is this true at the present time when so many of the younger medical men are branching off into specialties without sufficiently broad and deep foundations in general practice. Instrumental equipment and facilities for clinical observation can never alone make well-rounded specialists. The ideas of diathesis and diseases of hereditary tendencies and the like can be learned from books, but can never be apprehended in all their fullness except by long and patient watching at the bedside. The quick roads to apparent success which open so attractively, lead to limitation of view and of knowledge. Thought is repressed instead of stimulated. The perfect master in his own department is a helpless child so soon as he is out of his own narrow sphere. And this is specialism.

An idea by some is entertained that the general practitioner is suffering a decadence, and that his ultimate extermination is one of the possibilities of the wonderful advances that shall come to the future. The principal factor in this decadence and proposed elimination is said to be specialism.

Those of you here, I believe, will suffer no unrest in contemplation of such a dire calamity, and yet we cannot be

blind to the fact of the deplorable tendency toward specialism. This is indeed the day of "ologies." They are generated and hatched full-fledged from the incubators, known as medical colleges, at such a rapid rate, the medical man is seized with vertigo when he contemplates them. They are holding high carnival, exclaiming, "The world is mine," arrogating unto themselves the prerogative of inquiring of the humble devotee of legitimate medicine, "Where are you at?"

You think your fathers fools, so wise you grow;
Your wiser sons no doubt will think you so.

This satire of Pope, a little changed, I believe apropos. The day will come when the mighty pendulum will swing back, the cycle will have been made, the rage for specialism will have been passed, and medical men will strive to stand on a broader basis, the general practitioner will adapt himself to the new conditions of a wider intelligence; he will be a better doctor, more learned, more thoughtful, more careful. The day when a man can be made a general practitioner in two or three years will have passed. And this must be the remedy against the demands for specialism.

I do not wish to be understood as inveighing against specialism when it is directed in a proper channel, and pursued by the proper persons. There are specialties, a few, which we all admit are legitimate. They are accomplishing great good for the people and for the profession. We could ill afford to dispense with them. But the greater number are worse than useless. A specialty in its true sense is well-nigh impossible. The many different parts and subdivisions of the human economy are too closely blended in their functions, and all too intimately inter-dependent in case of disease to warrant the curtailing of scientific investigation or narrowing of therapeutic endeavor.

The great specialty of the future is general medicine and all it embraces. The great specialist of the future is the general practitioner with a thorough comprehension of

his calling. The living human body in its aggregate the object of his solicitude, combining in itself the greatest number of elementary substances and the most numerous organs and varied functions, so attuned to harmonious action as to illustrate the operation of every law of physics, every known force in nature and every step in the development of living matter. It is placed in appreciable and important relations with the material and immaterial forces existing in the world. A complete comprehension of the human economy in health and disease involves a thorough study not only of its structure and organic functions, but of these extraneous elements.

Casting our mental vision over the broad domain of science, literature and art, there is no more active, earnest, boundless or beneficent field open to thought and action. This is the sphere of the general practitioner, as also 'tis his to

Go to the pillow of disease,
Where night brings no repose,
And on the cheek where sickness preys,
Bid health to plant the rose.

But, gentlemen, to my mind, the highest and noblest function of the true physician is to prevent disease, and to accomplish this requires the highest order of professional attainments.

It has been well said, that the physician who is called to combat a case of well established organic disease with remedies, may be likened to the sanitarian who is called upon to prevent an infectious disease by disinfecting the emanations of the patient. He who would cure must assume the task early, even in the beginning of that "anomalous relation between capacity of the system for work, and the demand upon it for work, which is the real inception of all tissue changes, and which may be prevented by limiting the labor imposed upon the organs."

It must be patent to the most enthusiastic polypharmacist that he accomplishes only an amelioration or removal of certain manifestations of disease, a result which may and

probably does facilitate a restoration to health, but is rarely, if ever, the means, the direct means of such restoration.

The often exultant enthusiasm in therapeutics is indeed unwarranted, for the history of medicine abounds in the rise and fall of the most brilliant structures, in explosion of the most plausible theories. As evidence one need but call from the shadows of the past the spectre of venesection. Though hoary with age, and lauded by men whose works are to-day honored, this therapeutic flower withered under the light of modern physiology and pathology. The vast majority of remedies in our pharmacopœia have no better foundation, and yet they are constantly used upon the strength of so-called clinical observation.

Another rock upon which therapeutics have always floundered, and which continues to menace, is the treatment of symptoms. A temperature may easily be reduced from 106 to normal, and the physician may have the questionable satisfaction of seeing his patient die clear of fever.

This striving after symptomatic remedies is the unhappy legacy which our forefathers have bequeathed to us." "It is an echo of this mysticism which veiled their ideas of disease and which led them to regard the latter as an essence rather than as a manifestation of certain disturbances in the economy which rendered the latter incapable of regulating its functions."

Therapeutics would be a simple art indeed in this day of patent medicine agents, and proprietary nostrums, could its aims be merely filled by meeting certain symptoms or certain definite alterations in the functions of the body.

Faith in drugs is too prevalent among physicians as it is among those being drugged. As an illustration of this and the irrationality of symptomatic treatment I am reminded of a case of acute intestinal obstruction. I was called 30 miles away from home to visit in consultation with a gentleman who is a graduate of long standing from one of the leading medical colleges of the country. The patient

had been sick four or five days without any "thorough passage" from his bowels. The physician informed me that he had given him everything in the way of cathartics known to the *materia medica*; calomel, over 100 grains; salts, about 3 pounds; 2 drachms of croton oil; 3 bottles of syrup of figs, and exultingly held up a box filled with No. 2 capsules of calomel, of which he was administering one every two hours. Needless to say death came speedily to the poor man's rescue. How fortunate it would be for that doctor should he and his patient appear at different gates when they come to enter paradise. The conscientious physician is a conservative one, and his conservatism, if he be alive to the advancements of his day, pleads not for the abolition of drugs, but for a more physiological application of them, and for a more methodical application of the great principles of hygiene, including remedies like rest, exercise, diet, water, and proper environment—remedies which boast of greater antiquity than any medicinal agent, and which have demonstrated their value in all epochs of medical history.

Conservatism and progressiveness will on these lines be best illustrated. The centrifugal force of the experiences of the past will tend to move in the straight line of precedent, and the centripetal force of the restless investigations of the future will tend towards truth's gravitating center, and the resultant will be a curvilinear force rolling the profession in the everlasting orbit of labor around the sun of duty to humanity well performed.

The secret of life is the equilibrium of diastole and systole. The secret of life's success is the counter play of opposing conditions.

Not in vain the distance beckons,
Forward, forward, let us range;
Let the great world spin forever,
Down the mingling grooves of change.

May the controlling fates help the general practitioners of this section to conserve progress, alike retaining the past and mastering the future. So the doctor and the doctored shall rejoice together.

New Remedy in Trachoma.

BY C. S. GRAY, M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

Trachoma, of all the diseases of the eye, has probably received more attention than any other at the hands of the ophthalmologist. A specific for it has never been and will never be found. The variety of its pathological phases render it impossible for any one line of treatment to be used in every case. Solutions of silver, of bichloride of mercury, glycerin and tannin, pencils of alum and sulphate of copper are capable of doing valiant service when applied to conditions especially demanding either of them. Expression, grattage and canthotomy have aided greatly in limiting the duration of this disease; still we meet with many cases which defy the utmost skill of the oculist and pursue, apparently, an uninterrupted course, terminating in fibrous degeneration and atrophy of the mucous lining of the lids and in blinding pannus.

The remedy which I suggest lays no higher claim to specific action than does some of the old and established agents, but in certain cases it is available where other means have proven unsatisfactory. Observation proves that even when the same condition and stage of the disease prevails in two cases that both may not yield to the same method of treatment. Resorcin, in my hands, has been as efficacious as many of the old and tried remedies, and during the last two years I have had numerous opportunities to test its value. I speak of resorcin as a new remedy in the treatment of trachoma, I think I am justified in doing so, for while solutions of it have been used in ophthalmology, as antisepsics, the literature of the subject does not, so far as I know, mention its application for the destruction of trachoma granules.

Several years ago I saw this remedy in powdered form applied to the venereal and hepatic vegetations which so frequently occur on the mucous surface immediately behind the glans penis; these excrescences rapidly disappeared under this treatment. Later this experience caused me to think of this agent in treating granular lids. Though the condition which we denominate granulated lid, depending as it probably does, on a micro-organism and possessing a distinct granule which buries itself in the body of the conjunctiva, differs widely from granulation as a part of the healing process in wounds or granulation tissue which results from irritation.

As stated before, resorcin has been used in ophthalmology as an antiseptic, and in solution only. For some reason, probably on account of the strength of the solution used, it is regarded and spoken of as a weak antiseptic; and while this is true of the solutions which are recommended, the same cannot be said of the drug unadulterated. Powdered resorcin, when applied to a mucous surface, either acts as an irritant only, or as a caustic, and the condition of the membranes at the time of application governs the degree of its action. If the surface be dry the action of the drug does not go beyond more or less irritation. If the surface be damp a caustic effect is produced—a blister results. Hence, if this medicine is applied to the palpebral mucous surface, without a reduction of its strength, you can rely on there being enough moisture present to cause its action to be more or less caustic and destructive. With this knowledge of the action of this agent, it is necessary to incorporate it with some other which is milder and which will prevent destruction of mucous membrane and consequent cicatricial changes. I have found boric acid (powdered) to be the best vehicle with which to mix resorcin. I began the use of this remedy something like two years ago. I at that time selected from my private practice two cases of intractable chronic trachoma. At the same time, in the Arkansas School for the Blind, to

which I am the oculist, there were several cases which had resisted successful treatment, though I had employed every measure at my disposal. These cases were all distinctly chronic—the granulations partaking of the hard, fibrous variety. This is the type of the disease to which resorcin is most applicable. I began by using resorcin, one part to ten parts of boric acid. I was pleased with the improvement which these cases soon manifested. However, in a short time I increased the proportion of resorcin, and now I use one part of the resorcin to five parts of the boric acid. Cases which had resisted sulphate of copper for months began in ten days or two weeks to grow markedly better, and resulted as satisfactorily as we expect these cases to do under any form of treatment. From that time to this I have had cases constantly under this treatment.

I apply the medicine in this way: Evert the lid strongly and with a c. h. pencil dust the powder thickly over the granular surface, then with the end of the little finger rub it in well. In order to reach the granulations in the retro-tarsal fold, I use the flat, blunt end of this nail cleaner, which is bone or ivory, one side of which is concave, the other convex. I dip the powder up into the hollow side and carry it up into the retro-tarsal fold and give it a lateral motion, so as to cover that part with the powder. Then withdraw the instrument and introduce it again and rub the powder in with the rounded surface. The immediate effect is more or less pain, depending on the amount of resorcin in the powder. The pain lasts only a few minutes in some cases and almost an hour in others. As to the frequency of the application, I am guided entirely by the effect; that is, the degree and duration of the irritation produced. Certain cases will permit an application once daily for two weeks before intolerance is shown, while others will not stand more than two or three treatments a week.

Several times I have induced an acute granular conjunctivitis with this remedy; and this is a possibility which

should be kept in view, in order that it may be avoided. It is a practice with all oculists to use powdered boric acid in the treatment of certain forms of trachoma, and the method of its application is similar to that first described as employed by me when using the resorcin powder. In order to determine if the efficacy of the application depended on the resorcin especially, I combined it with powdered acacia. The action was nearly as satisfactory as when combined with the boric acid. The reason for its not being entirely satisfactory are that acacia is a softer powder; it washes off more readily and cannot be ground down into the tissues as can the boric acid, which is harder. In several cases of dense pannus I have used the resorcin powder with more or less success. The thick, fleshy types of pannus yield more readily than do the hard, horny variety. The powder should be put the thickened conical substance in the same way as it is used on the lid. The application to the cornea is facilitated by a few drops of 6 per cent solution of cocaine, used before applying the powder; in case of pannus the application should be made once in three days, if possible—the degree of irritation being the guide as to frequency

Acute inflammation in the fleshy types of pannus should be avoided; in the hard, horny variety, with great loss of sight, the establishment of an acute inflammation would not be regarded as an evil.

If the statement is true that trachoma is dependent on a micro-organism, first described by Sattler, then the beneficial results following the application of this drug are attributable primary to its germicidal and antiseptic properties; and secondly, to the manner of its application, which seems to interrupt the tendency toward fibrous degeneration of the lid.

It is unnecessary to say that resorcin has no place in the treatment of acute trachoma, nor can it be applied to follicular trachoma. Its field of usefulness is in the advanced stages of chronic diffused trachoma.

As before stated, I do not claim that this remedy is superior to sulphate of copper or to solutions of bichloride of mercury in its specific action; but I do say that in cases where these remedies are unsatisfactory, resorcin will frequently be found valuable. To get the best results from its use some experience is necessary in the selection of cases for its application. In the treatment of certain forms of pannus, I am assured of its value. I use resorcin almost as frequently as I do sulphate of copper, with an equal degree of confidence.

Lauder Brunton, than whom we have no higher authority on *materia medica* and *therapeutics*, says resorcin is a very powerful antiseptic.

Local Tuberculosis.

BY M. G. THOMPSON, M. D., HOT SPRINGS, ARK.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

The principles governing the treatment of local tuberculosis are so well established and taught in all the recent text-books on the subject, that I will not undertake more than the report of some cases with operations and discuss the points of interest in each case.

Case 1.—Laborer, white, age 48, with synovial tuberculosis of the knee, caries of articular surface, with fistula, and flocculent pus exuding all the time; temperature, 104 degrees; emaciated and having several bed sores; left lung involved and symptoms of general tuberculosis. The operation was free incision in several places with vigorous use of curette and irrigation with a strong solution of bichloride of mercury, drainage tubes and parts adjusted, and dressed with iodoform. Next day temperature 97 degrees, with a little increase of temperature every day for a week; and with his temperature at 102 degrees, I amputated at upper third of

thigh. Great shock followed, but patient rallied; and the wound healed by first intention; patient was able to walk on crutches in ten days; lived eleven months and died of tuberculosis.

This case shows that we cannot always estimate the power of endurance; for this seemed to be a hopeless case, and I would not have attempted any operative procedures had not the patient insisted upon the operation, after being fully apprised of the danger. The second point of interest, is the fall of temperature at once, each time after the removal of infectious material. Third, that when we have a seeming hopeless case, and by surgical means we have a chance of prolonging the patient's life for months, we should not decline the operation for fear of death of the patient and injury to reputation.

Case 2.—Mrs. G., white, housewife, age 36, with tuberculosis of lymphatic glands of the neck, with abscesses which had been discharging two years; emaciated, with cough and symptoms of general tuberculosis. Operation, incision of each abscess followed by thorough and vigorous scooping away of all granulating and broken-down glandular tissues, removing all the inverted and discolored skin and uneven scars with scissors; washing with strong solution of bichloride of mercury, peroxide of hydrogen and mopping well with iodoform. Wound healed in a week; general health improved rapidly, and one year after she was quite well and had borne a healthy child.

Points of Interest.—First, that she had a number of medical attendants to protest against any surgical procedure, assuring her that if this drainage was stopped she would die of consumption; others assured her that it would be impossible to remove all of the diseased tissue, and that she would become infected with general tuberculosis; others that nature had removed nearly all of the disease and it was best not to operate, neglecting to assure her that within this mass were germs which might renew infection and be disseminated

through the circulation, producing a fatal malady; nor would I have been able to have persuaded her to be operated on had the trouble been where it could have been concealed by her clothing; but being very sensitive, her discomfort and suffering was very great every time she observed anyone looking at her, especially her husband, feeling that she was a source of disgust. After the wound healed, she no longer retained her hand over the wound while talking, but became cheerful and hopeful, which aided greatly her recovery, and she cheerfully consented to a change of climate and to make every effort to get well.

Case 4.—Age 28, white, housewife, with tuberculosis of shoulder joint, with formation of pus, but no external opening. Patient had strained her arm rowing a boat. Operation, aspiration of joint and removing pus; then the injection of a sterilized solution of iodoform; operating four times in seven weeks. Then the joint was opened at the end of the eighth week with a trocar and cannula, and washed with peroxide of hydrogen, solution of bichloride of mercury, then with peroxide of hydrogen and water; wound was covered with rubber plaster. Patient has just returned after one year from first operation, with every evidence of being cured; no pain, no swelling, no tenderness, and with improved motion, but motion still limited. General health good. I would call attention to the following points of interest in this case:

That the patient had been treated two years for rheumatism, and undergone all manner of treatment, even having "her rectum stretched" and "pockets removed" before the diagnosis of tuberculosis was made; that she recovered under the use of sterilized injections of iodoform, verifying the teachings of recent text-books.

Case 5.—Male, white, age 38, had trouble with rectum for ten years at different times, but no examination until he had hemorrhage from lungs. Some weeks afterwards had rectum examined and treated for tuberculous ulcer. Some six

months after I examined his rectum and found large ulcers that had so destroyed the muscles that patient could not control the bowels, having fifteen or twenty involuntary discharges daily. Operation, vigorous use curette, washing with solution of bichloride of mercury, peroxide of hydrogen, and painting with iodine. Temperature much reduced for some weeks, with a general improvement in the ulcer which healed in two or three months; bowels only moving once or twice daily; patient dying some six months after with general tuberculosis.

Points of Interest.—Doubtless this patient became infected from the rectum, and had tuberculosis of the rectum a long time before he had the hemorrhage. Second, it was a much mooted question as to the propriety of operative procedure, and some of my colleagues strongly protested against it, declaring that to stop the drainage would kill the patient; but the patient had already been infected with general tuberculosis; had night sweats, high temperature, and the most distressing pain and diarrhoea, making large doses of opium necessary, and the operation relieved these distressing symptoms, checked the diarrhoea, and he was able to discontinue the large doses of opium. In fact, there are times that we do not hope to cure the patient, but operate so as to enable the patient to be more comfortable during life.

Case 6.—Housewife, white, age 30. Patient had been exposed in the same room, and had used the same syringe used by tuberculous patient. Had pain in rectum and groin, cough, night sweats, fever, and all the symptoms of tuberculosis.

Examination.—Pus had formed in several of the glands of the groins; large ulcer in the rectum.

Operation.—Opening and curetting all the diseased glands of the groins, washing and disinfecting in the usual manner. Rectum received the same treatment. Wound in groin healed at once and never gave any more trouble, with

much improvement in the rectal ulcer, which was examined and cauterized every five or six weeks for six months. At the end of six months the ulcer (which had become quite small), was curetted and closed by silk sutures, with perfect cure resulting, and nine months after the first operation the patient is in excellent health.

In considering the points of interest in this case, it, as well as some of the other cases reported, shows that although we have all the symptoms of general tuberculosis, we may, by removing the local infection and preventing new infection, not only retard the progress of the disease, but have good hope of the entire recovery of the patient. I attribute the happy result in this case to the repeated examination and applications, for it is a well established fact that we have falling of temperature each time we remove infection. I believe many cases of general tuberculosis might be prevented or retarded if we would in every ulcer of the rectum, be it ever so small, regard it with the proper suspicion, and call the attention of the patient to the necessity of repeated examinations, and remaining in bed until we can be assured the patient is well.

If we should have return of the disease after operating, we will have the patient return to us, and not call on some other doctor, accusing us of ignorance and inability. I established a rule some years ago of examining the rectum, not only of every patient who had symptoms of disease of the rectum, but in all chronic troubles where I could not definitely locate the disease, for it is well established that we may have large ulcers above the muscles of the rectum with no symptoms pointing directly to the trouble, except general decline in health.

I report one more case to show the necessity of repeated examinations after operating for ulcers.

Gentleman 35 years of age called on me for treatment of ulcer of the rectum, after having been operated on in Galveston, New York and in Europe for the same trouble.

Examination showed small tuberculous ulcer, and I gained his confidence by explaining the nature of the trouble and its tendency to return, and after simply curetting and cauterizing the ulcer healed. I made repeated examinations and applications when necessary for some weeks. I examined him some months later, and had the satisfaction of knowing he was entirely cured.

I have made a number of operations for local tuberculosis which I would like to include in this report, but they do not present any new points of interest but verify the correctness of the methods advocated.

While I believe a large proportion of the profession *under-estimate* the danger of infection following and proceeding from operative interference, still a much larger proportion *over-estimate* this danger, and thousands are annually lost in consequence of failure in receiving proper and timely surgical aid.

It is well known to the profession that tuberculous patients are liable to autoinfection, whether the surgeon interferes or not.

I believe that as a rule we do not fully appreciate the value of peroxide of hydrogen in these operations; that when it is used it is not used long enough, and in large enough quantity. I have seen it show the existence of points of infection in old fistulous tracts that have been closed for years, and which I would not have been able to detect had it not been for the peroxide.

WHAT are you doing for medical organization?

PHILANTHROPY is essentially connected with the practice of medicine. A little of it exercised toward your medical brethren might do as much good and be as self-consoling as if expended on the laity. Join the Society, attend meetings, write papers and discuss medical topics with your colleagues.

THE
Journal
OF THE
Arkansas Medical Society.

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All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the *Journal* must notify the editor when their papers are sent to the journal.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Breysacher, 520 Cumberland Street, Little Rock, Ark.

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VOLUME V.

NOVEMBER, 1894.

NUMBER 2.

Editorial.

The Revision of the Constitution.

The proposed new constitution and by-laws published in this issue was reported to the Society by the special committee at Pine Bluff, and will come up for final action at the next meeting.

This work of the committee is the result of very careful study of the constitutions of every State medical association in the United States.

Every organic law was consulted and the work of the different societies as portrayed in the published minutes and transactions was compared so as to ascertain if possible the best working set of laws.

The design of the proposed revision or change is to bring the whole medical profession of the State into closer compact by admitting as members of the State Society all members of the several county organizations. The State Society will have a close relation with the local societies so that admission to the local associations will be a sufficient guarantee of fitness for membership in the parent body.

Indeed it is proposed that every member of a County Society shall be *ipso facto* a member of the State Society while provision is also made for the admission of members from counties in which no society exists. All members shall have all the rights and privileges except that none but delegate members shall transact the legislative business of the session.

Provision is also made for a board of censors whose duty it shall be to consider all judicial and ethical questions, protests and complaints, and to keep a close supervision of the County Societies.

When this constitution is considered it will be in order to offer such changes as any member may deem beneficial.

In the meantime its careful reading and due consideration is requested, and fair criticism is invited from every quarter of the State. The pages of THE JOURNAL are open for such a discussion, and it is hoped no member who feels an interest in his profession will hesitate for one moment to freely express his matured opinion. The sooner this discussion is commenced and the more thoroughly it is done between now and the time for the final consideration the better prepared will the Society be for its final decisions.

IF you are making an honest living out of your profession what are you going to do for it in return?

The Meeting of the Mississippi Valley Medical Association.

From those who attended the Hot Springs meeting, from the medical journals that have mentioned it and from the secular papers that gave synopses of its daily proceedings, there has been but one refrain—splendid.

While the attendance was not as large as the elaborate local arrangements and unexcelled transportation facilities ought to have made it, the good feeling that prevailed and large amount of work accomplished made it seem quite as gigantic as a gathering many times as large. Probably no medical society was ever treated more hospitably than was the Mississippi Valley Medical Society by Hot Springs, Little Rock, and as for that the whole State. Indeed, this warmhearted cordiality seems to have been a revelation to some of our far off neighbors.

This everyday Arkansas hospitality is so much a part of our nature that we are unconscious of doing any more than the most secluded mountain dweller within our borders, who never sleeps with his doors closed and never closes his house except when the whole family go to church, and then the latch string is left hanging on the outside and the cupboard is never fastened.

The scientific work was dispatched in model rapidity; all the good was extracted from the papers and discussions, while voluminous dissertations and wearying discussions were not allowed to consume valuable time.

Hot Springs has raised herself greatly in the estimation of the medical profession and those of the profession who went to Hot Springs were certainly well repaid.

WHAT are you going to write about for the next meeting of the Arkansas Medical Society?

HAVE *you* commenced your paper for the next annual session?

Editorial Notes.

THE class now attending the Arkansas Industrial University Medical Department is gratifyingly large and unusually intelligent. There are already more than eighty matriculates and the personnel of the class is no less a source of pride to the faculty. It was natural to suppose that with the three years' graded course compulsory and the general business depression, the class would be smaller than some previous years, but it appears that honesty of purpose and unselfishness on the part of the faculty is being generously rewarded by those who are not seeking cheap schools with graduation guarantee.

The following paragraphs from the annual catalogues are reproduced here to contrast them with the announcement of one of the "great medical center" schools:

The fee for a full course of lectures will be: General ticket, \$50; matriculation ticket (paid but once), \$5; Demonstrator's ticket for each course, \$5; Hospital ticket, each course, \$3; graduation fee, \$25.

No variation is made, under any circumstances, from the established fees of the College, they having been placed originally at the very lowest figure commensurate with the interests of both student and College.—*A. I. U. Med. Dept. Announcement.*

FEES.

| | |
|--|---------|
| Matriculation fee | \$ 5 00 |
| Fee for entire course, including matriculation | 40 00 |
| Same to sons and brothers of physicians and sons of the clergy | 20 00 |
| Same to graduates in pharmacy and dentistry | 20 00 |
| Demonstrator's ticket | 5 00 |
| Dispensary ticket | Free. |
| Hospital tickets | Free. |
| Final examination fee (not returnable) | 20 00 |
| Single professor's ticket (when full course is not taken) | 10 00 |
| Diploma..... | Free. |

Graduates of accredited medical colleges need take only the matriculation ticket.

The usual concessions will be made to graduates of reputable medical schools desiring the degree *Ad-eundem*.

Special terms to young men contemplating missionary work in foreign lands.

SCHOLARSHIPS.

In accordance with an established custom of other colleges, and in order to place a medical education within reach of worthy and well qualified young men of limited means, such will be admitted to the regular course of instruction upon the payment of a scholarship fee of \$10, and the presentation of recommendations acceptable to the Board of Trustees.—*Announcement Barn's Medical College, St. Louis.*

It may be interesting in this connection to inquire, in the phrase of slang, "who pays the freight?" And to imagine that if the sons of veterans and sons of the American Revolution and a few other kinds of sons, brothers and more distant kindred were taken on special terms it would be really a philanthropic institution for the advancement of "young men contemplating missionary work in foreign lands" and "to place a medical education within reach of worthy and well qualified young men of limited means."

WHEN physicians and druggists throughout the country received free, copies of a New York newspaper giving telegraphic reports of the crusade begun by the Ohio State Board of Health to enforce the pure food and pure medicine law, there was much speculation as to who was so interested as to disseminate this news.

Some medical journals and many newspapers commented favorably on the action of the Ohio law and commended the enactment of similar laws by all the States.

The Cincinnati *Lancet and Clinic* sent 150,000 sample copies of one issue broadcast to the physicians and druggists. This sample copy contained a lengthy, marked article on the subject of a certain nostrum now having a large sale through extravagant advertising. The public had not long to wait to ascertain whether this work was the result of antipathy to adulterated medicines or the love of some other rival compound. Still later developments have established the fact that the 150,000 sample copies were sold to a house manufacturing a compound the sale of which was being materially interfered with by the condemned nostrum.

The upshot of the whole business is free advertising, to a great extent, of the alleged adulterated drugs and foods, and job lots of paid advertising in newspapers and medical journals, whose pages are for sale to the highest bidder.

ATTEND the meetings of your medical Society.

The Arkansas Medical Society.

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| | |
|--|--------------|
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| <i>Section on Obstetrics and Gynecology</i> —GEO. F. HYNES, Chairman, Fort Smith; T. M. BAIRD, Secretary, Hot Springs. | |
| The Time of the Next Meeting—The first Wednesday in May, 1895. | |
| The Place of Meeting—Little Rock, Ark. | |

Correction of the Minutes.

In the published minutes last month no mention was made of the reading of Dr. Moulton's paper on "Purulent Ophthalmia." It was read in the section on surgery, discussed and referred for publication.

Revision of the Constitution and By-Laws of the Arkansas Medical Society as Submitted at the Nineteenth Annual Meeting to Be Acted on at the Twentieth Annual Meeting.

CONSTITUTION.

ARTICLE I.

TITLE OF THE SOCIETY.

The name and title of this Association shall be "The Arkansas Medical Society."

ARTICLE II.

OBJECTS OF THE SOCIETY.

The objects of this Society shall be the advancement of medical knowledge, the elevation of its professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of the suffering, the improvement of the health and the protection of the lives of the community.

ARTICLE III.

THE MEMBERS OF THE SOCIETY.

SECTION 1. The members of this Society shall consist of permanent members, and delegates from the various county medical societies of this State, organized in accordance with the provisions of this Constitution. Delegates shall serve one year, or until others are elected to succeed them.

SEC. 2. All members in good standing in the auxiliary county societies shall be members of this Society in all its rights and privileges, except that none but delegate members shall transact the legislative business of the session.

Each Society shall be entitled to one delegate for every five members, and one for every additional fraction of more than half this number.

SEC. 3. Every member from a County Society, before admission to a seat in this Society, shall produce a certificate of delegation, signed by the President or Secretary of his County Society, that he is in good standing.

SEC. 4. All who are members of this Society at the time of the adoption of this Constitution shall be permanent members so long as they may conform to the Constitution and By-Laws of the Society.

SEC. 5. Physicians of the State of Arkansas, residing in a county where there is no regular organized County Society, through the recommendation of two members of the State Society in good standing, and the Board of Censors, may be elected permanent members of this Society, provided it be done by ballot, and by an affirmative vote of not less than three-fourths of the members present.

ARTICLE IV.

OF THE OFFICERS.

SECTION 1. The officers of this Society shall be a President, a First and Second Vice President, a Secretary.

a Treasurer and a Board of Censors consisting of five (5) members, of which three (3) shall constitute a quorum. A President and Secretary, respectively, of the section on practice of medicine, surgery, and obstetrics and gynecology.

SEC. 2. The officers shall be elected by a nominating committee consisting of one member from each County Society represented, and one in each county where there are one or more members of this Society but not a sufficient number to constitute a medical society. Each member shall be entitled to have as many votes as there are delegates present from his Society, and members from counties where there are no Societies shall be entitled to one vote for each county.

SEC. 3. In the event of there not being a quorum of the Board of Censors present, the President shall by appointment fill the vacancies temporarily.

SEC. 4. None but members who are in actual attendance shall be eligible to the offices of President, Vice President, Secretary, Treasurer, or officers of the sections, but permanent members not present may be appointed upon committees of the Society, or delegates to the American Medical Association.

ARTICLE V. OF THE COUNTY SOCIETIES.

SECTION 1. The members of the profession in any county in this State who desire so to do may form themselves into a County Society; provided that public notice of the proposed meeting for the purpose be given. The said Society may adopt rules for its government, provided the same do not contravene those of this Society; may elect officers, and do such other matters as shall be necessary to carry out the objects of their association; provided, also, that in any county where no Society exists, the members of the profession in such county shall have the privilege of uniting with the Association of any adjoining county, which mem-

bership shall continue during the time that no organized Society shall exist in the county in which they reside.

SEC. 2. No one shall be admitted as a member of any County Society unless he is a graduate in medicine in some respectable medical school, and, moreover, is in good moral and professional standing in the place where he resides, and is a regular practitioner.

SEC. 3. Every County Society shall enforce the observance by members of the Code of Ethics adopted by this Society, and shall be authorized to censure, suspend or expel any member convicted of violating its provisions.

SEC. 4. Any member of a County Society who is censured, suspended or expelled, shall have a right to appeal to the Board of Censors; provided the said appeal be filed within three months after the date of said act of censure, suspension or expulsion. The decision of the Board of Censors shall be reported to the State Society at its next meeting.

SEC. 5. Each County Society shall have the right to make a fee bill for regulating the charges of its members for professional services.

SEC. 6. If any County Medical Society shall fail to perform all such acts as may be required to be done by the laws of this Society, or shall commit any acts which may be considered derogatory to the honor of the medical profession, such County Society shall, during such delinquency, have its privileges suspended, and its members shall not be entitled to seats at the sessions of this Society.

ARTICLE VI.

MEETINGS OF THE SOCIETY.

The Society shall hold an annual meeting.

ARTICLE VII.

OF THE FUNDS.

Funds for defraying the expenses of the annual meetings and the current expenses of the Society shall be

raised by an initiation fee from new members, and an assessment annually on the permanent members of this Society; and any permanent member failing two successive years to pay the assessment shall forfeit his membership.

ARTICLE VIII.

ON DISCIPLINE.

The Code of Ethics of the American Medical Association, and the regulations contained in this Constitution, shall be the rules for the government and discipline of the members of this Society, and of the respective County Societies connected with it.

ARTICLE IX.

The President, Secretary and Treasurer shall *ex-officio* constitute the Board of Trustees, who shall have custody of all property belonging to the Society. All County Societies will be furnished with a uniform Constitution by the State Society.

ARTICLE X.

AMENDMENTS.

Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receives the unanimous vote of the members present, it shall be adopted; but if objection be made the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by two-thirds of the voters present.

BY-LAWS.

ARTICLE I.

DUTIES OF OFFICERS.

SECTION I. The President shall preside at the meetings, preserve order, perform such other duties as custom and parliamentary usage may require, and shall open the annual meeting with an address. He shall not be eligible two terms in succession.

SEC. 2. The Vice President, when called upon, shall assist the President in the performance of his duties, and during his absence or at his request, one of them, in the order of their seniority, shall officiate in his place.

SEC. 3. The Secretary shall conduct the correspondence and keep correct minutes of the proceedings of the Society. He shall in all cases notify the chairmen of the committees of their appointments, and request them to answer in writing whether or not they accept. He shall also give due notice of the annual meetings. The Secretary shall take charge of all the minute books and other documents of the Society immediately after the close of each session and keep them during the intervals, and shall also have charge of all other papers belonging to the Society, other than those pertaining to the Treasurer.

SEC. 4. The Treasurer shall collect all moneys belonging to the Society and disburse them as directed, after they have been approved by the Secretary, preserving vouchers for the same.

He shall annually present a statement of the finances of the Society, which shall be referred to a committee of three members to be audited. He shall give security for the faithful performance of his duties whenever the Society shall judge it requisite.

SEC. 5. It shall be the duty of the Board of Censors to examine the by-laws and regulations of County Societies, and if they find nothing in said laws and regulations contrary to the letter or spirit of those of this Society, the Censors shall indorse on them the word "Approved," with their signature and the date of their approval, and transmit one copy to the Secretary of this Society and another to the Secretary of the County Society. The Board shall consider all ethical questions, all questions of a personal character or controversy, including complaints and protests which may be referred to them. The Board shall organize by electing a President and Secretary and shall keep a permanent record

of their proceedings. They shall have general supervision of the ethics of the State and County Societies and shall see that members of either the State or County Societies guilty of unprofessional conduct, shall be summoned before them and properly dealt with, whether or not any charges have been preferred against said members. Its decisions shall be final and binding upon all parties, and it shall report to the Society at the earliest possible moment.

SEC. 6. It shall also be their duty, in case of an appeal from the decision of any County Society by a member who may conceive himself aggrieved thereby, to examine into the merits of the case, and to give their decision thereon. They shall report their decision through the Secretary annually.

SEC. 7. All questions pertaining to the Code of Ethics in any County Society may be referred to the Board of Censors for decision.

SEC. 8. All members of this Society admitted under Section 6, Article III. of the Constitution, shall be under the discipline of the Board of Censors.

SEC. 9. In any case brought before the Board of Censors, the decision of a majority of the Censors met at the same time and place shall be necessary for the proper adjudication of the case.

ARTICLE II.

MEETINGS.

The time and place of the annual meeting shall be determined by the Nominating Committee from year to year.

ARTICLE III.

STANDING COMMITTEES.

The following are the standing committees of this Society, to be filled by the President, and to report at the next annual meeting subsequent to the appointment, viz:

Committee on Arrangements.

Committee on Credentials.

Committee on State Medicine.

Committee on State Medical Legislation and Education.

Committee on Necrology.

Chairmen of Committees will be required to report at the meeting which they are assigned; and in the event of being unable to be present, they will be required to see that the report is made by some other member of the committee.

The Committee on Necrology shall consist of five members whose duty it shall be to procure memorials of the eminent and worthy dead among the distinguished physicians of our State, and transmit them to the chairman of the committee, thirty days before the annual meeting.

ARTICLE IV.

THE PUBLICATION OF PAPERS.

Any paper or report read at any annual meeting shall become the property of the Society, and a copy shall at once be placed in the hands of the Secretary.

ARTICLE V.

ASSESSMENTS.

The initiation fee of this Society shall be \$5 and the annual dues \$3. Members of County Societies in good standing at the time of the adoption of this constitution shall not be required to pay the initiation fee.

All dues from members of County Societies shall be collected by the said societies and forwarded to the Treasurer of this Society not later than ten days before each annual session, and any County Society that fails to comply with this requirement shall be held to be in contempt, and none of its members shall be allowed to participate in the meetings of this Society until such County Society shall have purged itself of the contempt.

Members residing in counties where there are no societies shall pay their dues to the Treasurer.

ARTICLE VI.

RULES OF ORDER.

The deliberations of this Society shall be governed by "Roberts' Rules of Order."

ARTICLE VII.

OF THE COUNTY SOCIETIES.

SECTION 1. Each County Society shall forward to the Board of Censors for approval, through its Secretary two (2) copies of its by-laws, with the names of its officers and members.

SEC. 2. The County Societies shall report annually to this Society a list of their officers and members, and new rules which they may adopt and such other matters as they deem interesting.

If a name of a member is omitted from this report that was contained in the last preceding report, the County Society must explain the omission by stating whether the member whose name is omitted is dead, has withdrawn, has been expelled, suspended, or whatever is the fact; and no one not a member in good standing in his County Society can be a member of this Society.

SEC 3. Each County Society shall have full authority to adopt such measures as it may deem most efficient for mutual improvement, for exciting a spirit of emulation, for facilitating the dissemination of useful information, for promoting friendly intercourse among its members, and for the advancement of medical science.

ARTICLE VIII.

ORDER OF BUSINESS.

The order of business at the meetings of the Society shall at all times be subject to the vote of three-fourths of all the delegates in attendance and unless thus altered, it shall

be as on the program prepared by the Committee of Arrangements.

The scientific work of the Society shall be conducted in sections on the practice of medicine; on surgery; and on obstetrics and gynecology. As far as possible the morning hours shall be devoted to the business of the Society and the afternoon and evening to the scientific work in the sections.

County Societies.

Organize for the Next Meeting.

There is going to be a great medical revival in Arkansas on May 1, 1895. The preliminary plans are being perfected and there is no doubt of the success of the meeting.

It is essential that there should be a revival of the County Medical Societies before May 1, 1895, when it is probable the new constitution will go into effect.

There are entirely too many counties in Arkansas without medical organizations, and there are several associations that are not keeping up a very animated existence.

The matter of a more thorough organization of the medical profession of the State will be brought to the individual notice of every regular physician in Arkansas between now and the first of next April. It would be a long step forward and upward if the old societies would put on new life and form growing *nuclei* to which others might attach and develop the whole scheme.

This question of organization must not be deferred too long. The sooner the work is commenced, the firmer will be the foundation on which to build the grand superstructure representing the whole profession of our State united in one grand organization, the Arkansas Medical Society.

The County Societies are the foundation stones on which must rest the State Society. Unless these foundation stones are firmly imbedded in the hearts and minds of the individual

members of the several societies, no permanent organization can be maintained in our State that will be a true representative of the whole profession.

This is such an old, old story, this pleading for and urging medical organization; but its justification lies in the fact of its great importance, and the utter impotence of the profession as a whole and of the members of it individually without it.

An old ankylosis can sometimes be overcome and a useless member of the human body restored to its normal function by constant and careful massage, passive motion and the application of stimulating lotions.

Realizing the importance of the case and the JOURNAL'S responsibility in the matter of medical organization in Arkansas, it proposes to keep everlastingly at it until some of these ankylosed medical societies are limbered up and become useful auxiliaries to the profession at large, and a source of pleasure and profit to their members.

It is well to keep this fact always in view: No physician ever amounted to much, individually, who is not a member of a medical society; and the profession, in any State or county, never progresses, or even holds its own, without medical organization.

JOIN the County Society.

WRITE a paper for your County Society and then revise it for the State Society.

DISCUSS the papers that are presented at your Society meetings.

YOU might learn something by attending your Society; or, if you are beyond that, it would be an act of benevolence for you to instruct your less learned confreres.

MAY 1 is generally picnic day in the South and moving day in the North. In Arkansas, in 1895, it will be a veritable picnic day for the physicians who are moving in the right direction.

Miscellany.

The Serum Therapy of Diphtheria.

The following report taken from the *Weekly Abstract of Sanitary Reports*, published by the United States Marine Hospital Service under date of October 20, 1894, appears to be the most succinct and reliable article on this subject that has yet appeared. It is by one of the most careful, conscientious and capable of medical men, and the contained statements can be relied upon to be without exaggeration or detraction:

INSTITUTE PASTEUR, PARIS, October 20, 1894.

Sir—While attending the eighth session of International Congress of Hygiene and Demography, held in Budapest in September last, Prof. E. M. Roux, of the Pasteur Institute, read a paper before the section of hygiene on the serum therapy of diphtheria, in which he gave to the world the results of his labors during the past three years. No subject at any congress has, I dare say, been the cause of so much discussion as this, and, on the whole, elicited nothing but praise. The results obtained by Prof. Roux in the treatment of cases of diphtheria are so astounding that one is almost compelled to ask one's self "Is this possible," but when the methods are known and the array of statistics are given, there can hardly remain a trace of doubt. A greater part of what I am going to say has, I know, been published in the daily and medical press, and the only apology I offer for the repetition is that it is well worth reading twice.

It appears that at last we have found a method which is not only good in one disease, but the principle of the method can be applied to many. It at last has opened up a new field for work in infectious diseases.

Availing myself of the kind invitation of Prof. Roux to come to the institute and there learn by practical experience

the exact methods employed in the preparation of the anti-diphtheritic serum, and also to observe the effects of the new treatment at the hospital for diphtheria, I arrived in Paris on September 20, and immediately commenced my work.

Every facility has been afforded me by the gentlemen connected with the institute to make my stay pleasant and profitable. My sincere thanks are due to all, and especially so to Prof. Roux and Drs. Martin and Chaillu.

I have been in no hurry to report on what I have seen, nor to form an opinion of the merits of the treatment. After spending a month at the institute and hospital, I have seen sufficient to enable me to form an intelligent estimate of its value. There is still more to be said in its favor than was claimed for it by Prof. Roux at Budapest. It has passed the experimental stage, and will in the future be reckoned in value for the treatment of diphtheria as vaccine is for the prevention of smallpox.

The steps necessary in the preparation of the serum antitoxine may be divided into three: first, the preparation of the toxines of diphtheria; second, immunization of animals; third, preparation of and conservation of the serum.

Preparation of the Toxines.—The toxines are prepared from a bouillon culture of virulent bacilli of diphtheria. As the methods employed in the institute are somewhat different from those of other continental laboratories, and in many instances, as in this, are superior, I will give them in detail. A virulent culture of the *bacillus diphtheriae* is selected—one which is fatal to a 500-gram guinea pig in from twenty-four to thirty hours. From this culture a flask of alkaline peptone bouillon is inoculated. After it has remained in the thermostat for twenty-four hours at a temperature of 36° C., it will be found rich in bacilli. This culture may be termed the stock culture for others which are destined for the toxines. For this latter a special form of culture flask is employed, in order to permit of a special method of cultivation of the bacilli, whereby the toxines formed are much stronger

and, it is claimed, somewhat different in their character than when the ordinary methods are employed. The flasks used are known as the Fernbach flasks, and are large, flat-bottomed, Florentine flasks, provided with a tubulature on the side, within about an inch of the bottom. The neck and tubulature are constricted near the mouths for the reception of the proper cotton plugs. These flasks are filled to a short distance below the tubulature with an alkaline peptone bouillon and then sterilized. Soon after this the flasks are inoculated with the bouillon culture of the *bacillus diphtheriae*, about 40 c. c. to each flask. They are then placed in the thermostat for twenty-four hours in order to "start" them, when each flask is connected with an aspirator and a current of air is kept slowly moving through the flask in the direction from the mouth and to the tubulature. The air, before entering the flask, is passed through an ordinary wash bottle, in order that it may be moist, so as to prevent the evaporation which would occur, as well as to maintain the best conditions for culture. This method, so far as I know, is practiced only in this institute. It is the discovery of Dr. Fernbach, who observed that so long as the bacterium remains in the active living state—or, in other words, maintains its integrity—little or none of those substances known as toxines or ptomaines are set free, but as soon as you present the conditions most favorable for the development of bacteria, the life of the individual bacterium is shortened, and it completes its cycle, ending in proliferation and setting free the nucleins from it.

When a bacillus, such as that of diphtheria, is grown under the same conditions as cited above, there is a greater quantity of the nucleins formed than would occur under the ordinary conditions of culture.

These flasks are kept at a temperature of 37° C. for from three to four weeks. At this time the bouillon is rich in flaky masses of bacilli. If examined microscopically the

masses are found to be nearly, if not all, disintegrated bacilli. Sometimes a few bacilli are encountered, but they have in a great measure lost their characteristic form.

Filtration of the Cultures.—Without further preparation the cultures are filtered through a Chamberland filter tube into sterilized flasks, and kept until required for use. Each lot of the toxines is tested for virulence by standardizing it by injections into guinea pigs. The usual strength, being $\frac{1}{10}$ c. c., will kill a 500-gram guinea pig within twenty-four hours.

The filtrate will preserve its virulence for a considerable time, provided it is kept away from the light and maintained at an equal temperature. Boiling the cultures or even heating them to a degree that will kill the bacilli is not practiced, for it has been found that either process impairs the strength as well as changes some of its properties. Large quantities of cultures are kept growing, a special room being employed for this purpose, as each horse will require a large amount of the toxine to immunize it and to maintain the antitoxine in the blood after immunization is completed.

Immunization of Animals.—The antitoxine for the treatment of diphtheria is in solution in the blood of an animal rendered refractory to the disease. The manner of producing immunity in an animal may be performed in one or two ways—by injections of the toxines, or by inoculations of the bacilli. The former method has been found to be the best, and at present is the only one in use. In the experiments of Prof. Roux and Dr. Martin animals of all kinds were used, but now they use the horse, as it has been found to be the most satisfactory. It stands the process of immunization better, and gives a serum stronger than other larger animals, *i. e.*, in the same length of time, besides furnishing a larger amount of serum. The present method of immunizing the horse is somewhat different in its details from that given in Prof. Roux's paper, being much simpler.

A horse is selected which is sound, having been sub-

jected to injections of tuberculin and mallein, the age not playing any particular part; usually it is from 6 to 8 years—a cab horse which has seen better days. At first a trial injection of the toxine is made, usually less than a cubic centimeter, carefully noting the general and local reaction. In some horses even the trial dose has a profound effect, but usually there is quite considerable local and general reaction. If the animal becomes quite ill a small quantity of Gram's solution is added to the next dose, and even the next following if the reaction is too strong. After this the horse bears the increasing dosage with little or no discomfort.

The general plan for the injections is as follows: First day, $\frac{1}{2}$ c. c., of pure toxines, of which $\frac{1}{10}$ c. c. fatal to 500 grams of guinea pig; eighth day, 1 c. c.; fourteenth day, $1\frac{1}{2}$ c. c.; twentieth day, 2 c. c.; twenty-eighth day, 3 c. c.; thirty-third day, 5 c. c.; thirty-eighth day, 8 c. c.; forty-third day, 10 c. c.; forty-seventh day, 20 c. c.; fifty-first day, 30 c. c.; fifty-sixth day, 50 c. c.; sixty-second day, 50 c. c.; sixty-eighth day, 60 c. c.; seventy-fourth day, 100 c. c.; eightieth day, 250 c. c.; eighty-eighth day, 250 c. c.

When the first injections are given there is quite a marked local and general reaction to the poison; there is an oedema at the point of the injection, which is followed by a distinct inflammatory process—hard in the center and soft and oedematous at its periphery. The general reaction is manifested by a rise in the temperature, $1^{\circ}-2^{\circ}$ C., loss of appetite, and occasionally cramps. The reaction must be taken as the guide in the future dosage, and sufficient time must be allowed to elapse between the injections for the complete recovery from the general and local effects. As the quantity of the toxines is increased the general effects generally decrease, perhaps a rise of a degree for twenty-four hours. The local effect partakes more of an oedema, and has the character of an inflammation.

At a certain stage, usually after two months' treatment,

when 50 to 60 c. c. can be injected without harm, there is no general reaction, but a large œdema at the site of the injection, which disappears within from twenty-four to forty-eight hours. Towards the last, even when 200-300 c. c. are given, there is only an enormous œdema, which disappears within from twelve to eighteen hours. When these inordinately large quantities can be given with only a local reaction being manifest, the horse has come well under the influence, and the blood will be found to be rich in the antitoxine.

There is a curious fact well worth noting: At the end of the second month of the treatment, when the horse can bear as much as 50-60 c. c. of the toxines without discomfort, the blood will be found to contain but little of the antitoxine. The antitoxine only appears after repeated stimulation of the cells (?) by the large and frequent doses of the toxines.

The subcutaneous injections do not yield a serum as rich in the antitoxines as when the toxines are injected directly into the blood current. When it is desired to do this, towards the last of the treatment, the toxines are injected directly into the jugular vein. The process is tedious and requires a longer time, and for practical purposes has not been found so satisfactory as the simple subcutaneous injection. The strength of the serum is tested by using young guinea pigs of 500 grams weight. One gram of the serum usually will protect 50,000 grams of guinea pig against a fresh virulent culture of the *bacillus diphtheriae*. This is the strength that is used in the hospitals. By the intravenous injections a serum of the protective strength of 1 to 100,000 can be obtained. For practical purposes the 1 to 50,000 strength has been found as satisfactory as the stronger.

Withdrawal of Blood—Preparation of the Serum.— The abstraction of blood from the horse is a simple procedure, the blood being drawn from the jugular vein by means of a special trocar and canula. The trocar and canula are about 4 millimeters in diameter, and are somewhat larger than the ordinary form. The top of the canula is shouldered

so as to receive a metal plug, which is also canulated. This metal plug is attached to a rubber tube a half meter in length; in the other end of the tube is attached a glass tube of 10 c. m. length. The instruments, tubes, etc., are sterilized, and then kept in a 5 per cent solution of carbolic acid. Ordinary wide-mouthed bottles of 2,500 c. c. are used for receiving the blood. These are prepared by having pieces of paper tied over the mouths, and over this another paper in the shape of a hood is placed; the bottles are then sterilized. When all these preliminaries are finished, the horse is made ready for the bleeding; a small "twitch" is placed around the upper lip and made taut; the blindfold is thrown over the eyes. The hair is next clipped from over the place for the insertion of the trocar, and then scrubbed with carbolic acid, 5 per cent solution. The skin is incised sufficiently to allow the trocar to pass through the tissues without the force that would be required to puncture the vein if the skin was intact, thus preventing accidental wounding of the vein. The jugular vein is compressed by the hand and the trocar is passed well into the vein, the point being directed downwards. While this is being done, the assistant holding the bottle plunges the glass tube into it, when the trocar is withdrawn, and the canulated plug is inserted into the canula.

Six to eight liters are taken from the horse at one bleeding. When the bottles are filled to the desired quantity the blood is allowed to coagulate, when it is placed in the ice chest. Within twenty-four hours the serum will be found to have separated. Usually two and one-half to three liters are obtained from each bleeding. The serum is withdrawn from the bottles by means of the Pasteur filling pipettes, and transferred to the proper receptacle for use or preservation. The manner of its preservation is exceedingly simple: A small piece of camphor is placed in each bottle or flask; this, it is claimed, tends to preserve it, should any chance micro-organism be dropped in, and exerts an inhibitive influence against its deterioration. If there is a suspicion that the serum has become contaminated in the various manipu-

lations, it can be filtered through a Chamberland filter. This process will doubtless be applied when it is desirable to keep the serum for a long time. The serum can also be desiccated in vacuo. In this state it can be preserved for a long time without deteriorating, although it loses its strength to a considerable degree in the desiccating process. There is another objection to it in the dried state: It is the fact that it causes considerable irritation when injected subcutaneously, which does not follow the injection of the serum.

It is also noted that the serum has a tendency to deteriorate after being kept for awhile; especially is this to be observed when it is exposed to light or subjected to variations of temperature. This disadvantage they hope to soon overcome. I do not mean that it will not keep two or three months before it begins to show deterioration. It has much the same behavior as vaccine.

Mode of Administration, etc.—The serum is administered hypodermatically, using a special syringe of 20 c. c. capacity. The needle is not attached directly to the barrel of the syringe, but is joined by a small rubber tube of about five inches in length. This feature permits of considerable movement on the part of the patient without causing further pain, and also permits better control of the injection.

The usual site for the injection is in the side in the loose integment over the eighth and ninth costal cartilages, the needle being thrust into the skin with the point towards the operator. This prevents the needle from being dislodged during the injection. The serum is slowly injected, and is attended with scarcely any pain, the little patients scarcely, if ever, complaining of anything save the prick of the needle, and this is slight. The serum *per se* is not painful; the dose is rapidly absorbed; all traces of it usually disappear within twenty minutes.

The number and frequency of the injections depend entirely upon the gravity of the case. In slight cases, or in those where the malady is of short duration, one dose of the usual quantity, 20 c. c., will usually be sufficient; while in others graver in character several doses will be required.

This is especially so in cases of diphtheria associated with the pus organisms.

During my stay in Paris ample opportunities have been afforded me to witness the effects of the serum therapy in the treatment of cases of diphtheria in the hospital for sick infants. From my observations made therein—for one month—I cannot but corroborate the statements already published. I have been able to follow the cases from the time they entered the hospital until their discharge, noting everything which has been done. I have tried hard to find fault, to pick flaws in the statistics, but have signally failed. The work must stand for itself.

Of the whole number of cases which have come under my observation (eighty-three), three have died, about 4 per cent. This percentage of recoveries is greater than for the past three months. From August 1 to October 15 the mortality has been a little over 11 per cent. The statistics show that there has been a gradual diminution of the mortality since last May. This can be best explained by two reasons: First, the climatic conditions; second, a better knowledge of the serum therapy.

The cases are, on their admission, classified, according to their symptoms, as anginas and croups. As soon as possible a bacteriological examination is made of each case according to Loeffler's method, and they are then given their true classification.* They are divided into three classes—diphtheria pure, diphtheria associated with streptococcus or staphylococcus, or with both, and simple anginas. The treatment of the case depends largely upon the above classification.

As a routine measure the little patient is given an injection of the serum, from 15 to 20 c. c., as soon as it is admitted. If the bacteriological examination shows the case to be one of diphtheria, and of short duration, another in-

*The service of the hospital is not under the direction of Prof. Roux. He has been permitted by the staff to make his experiments in the diphtheria pavilion. The classification is one of routine practice, little or no attention being paid to the true condition of the case. Hence diphtheria infection and simple anginas are treated alike, the latter constantly exposed to infection.

jection may be given, which is usually sufficient. If found to be one with diphtheria and the pus cocci, the dose is increased and given at short intervals. If a simple angina, nothing further is done. Great stress is laid upon the class of cases in which the diphtheria is complicated with the pus cocci, especially so when the streptococci are present. The prognosis in these is, from the very commencement, looked upon as grave. The treatment avails but little after the malady has existed three or four days. This class of cases, it is needless to add, furnishes the majority of the deaths.

If these cases can be taken in hand during the commencement, or even as late as the second day, the result is, as a rule, good. Cases in which tracheotomy becomes necessary are nearly, if not always, those in which there is a double infection.

The efficacy of the serum is better shown in the tracheotomies than in all the others. The mortality under the usual conditions has been from 1889 to 1894 something frightful to contemplate; fully 85 per cent of the little patients have succumbed. Since the commencement of the serum treatment the death rate has been lowered to less than 47 per cent, and the cases upon which tracheotomy must be performed are fewer and fewer. The operation is seldom if ever done on cases above 6 years—usually under 4, the majority from 1 to 3. Intubation has not been adopted in either of the diphtheria hospitals. An attempt is now being made by Drs. Martin and Chaillu to have it introduced. I am of the belief that this procedure will still further reduce the mortality.

Another fact worthy of note is that there are seldom any of the complications in diphtheria that were formerly present. Diphtheritic paralysis is rare, pneumonias are less frequent, and, although albuminuria exists in nearly every case of several days' duration, fatal cases of nephritis are gradually becoming less frequent. To better illustrate the effect of the serum, I have taken at random several cases which have been under my own observation, and have transcribed the temperature charts. I regret that the pulse and

respiration curves cannot be given, as they were not kept, or if so, imperfectly. The temperature is taken as the guide. Experience has shown that the pulse and respiration are synchronous with the temperature. It is now possible to immunize the reagents to the disease. Unfortunately the immunity is not of long duration. The longest time in which it is thought to be protective is six weeks, one injection from 10 to 20 c. c. being sufficient. This has not only been practiced in the wards of the hospital, but in families of children where one has succumbed to an attack of diphtheria and others have been exposed. In some instances, when the child is practically in the commencement of the disease, the bacilli have been found in the saliva, yet there is no sign of disease. In every instance, whether in hospital or in homes, there has been no record of failure to protect.

The future possibilities in this direction can not be overestimated, as we have in the serum the almost absolute preventive of epidemics of diphtheria.

Respectfully yours,

J. J. KINYOUN,
Passed Assistant Surgeon, M. H. S.

Syrup of Iron Chloride.

BY FRANK EDEL.

Syrup of iron chloride was several years since brought prominently to notice and is now made by many large manufacturers, who claim for it all the medicinal power of the U. S. P. tincture without its disadvantages.

It is not the purpose of the writer to either accept or deny these claims, but as the article is apparently of interest to the medical profession, the pharmacist would like to know how to make the preparation himself.

The formula given below yields a product the equal of others on the market in appearance, taste and strength. There can be no question that the manufacturers take advantage of the fact that the alkaline citrates do away with the

styptic taste, etc., of the chloride of iron. Just what citrate is used I am not prepared to say, neither do I believe it important whether it be citrate of sodium, potassium or ammonium. The following will yield a preparation of nice appearance:

| | |
|--|----------|
| Solution of chloride of iron, U. S. P..... | 160mins. |
| Citrate of potassium..... | 224 grs. |
| Citric acid..... | 1 dr. |
| Water..... | 8 ozs. |
| Glycerin..... | 2 ozs. |
| Syrup | 16 ozs. |

Dissolve the citric acid and citrate of potassium in the water, add the solution of iron and when the reaction is complete and the solution is clear, add the glycerin and the syrup.—*Druggist Circular.*

How to Succeed.

Various letters come to us asking methods of establishing one's self in practice. How to begin is the very pertinent question of young women in the profession who are standing, diploma in hand, at the door of their professional life. The question of location is usually decided by many outside influences, but if everything else is equal it is wise to go where there are other women practicing successfully. They have educated and familiarized the community with women as physicians, and this is a long step gained. A growing town, in a growing part of it, with an office fully equipped and with it a business like appearance, will do much toward declaring your intentions to the community. Having done this, call on your brother and sister practitioners, and after due length of time join your local medical society and attend the meetings regularly. This is a point which is frequently overlooked and "pity 'tis, 'tis true." Go to as many meetings as you can; they serve to keep you in touch with the best fellowship of the day; they inspire a healthful rivalry and a spirit of emulation that will augur well for you in the present and future. Whenever you are invited to read a paper, prepare it from your own experience, so far as possible, citing

the most approved authorities in support of your position. And, having taken a position and being convinced that it is tenable, hold to it until it is demonstrated fallible.

People with opinions are always respected. Whether we agree with them or not, it is the physician who writes who makes a reputation, and it is reputation which brings success. I do not mean those who compile from others' work, but I mean those who, in the love of their fellowmen, set down that which they have found to be practicable and good for others to know, who have crystallized their thoughts into writing.—*Woman's Medical Journal*.

The above is just as applicable to men as to women, especially that part of it relating to the local medical society.

Too Many Medical Societies.

We are suffering in this country from too many medical societies. The recent meeting of the Northeastern Ohio Medical Association in this city was a good illustration of the amusing phenomenon of the city specialists reading papers to the county practitioners without the presence of the county practitioners. While many of the district medical societies in Ohio are doing good work and are most creditably conducted, yet it must be conceded that these societies are conducted and supported to the detriment of the county and State societies. It is also a lamentable fact that some of these societies are directly and openly antagonistic to the local and county societies, and thus do great harm. Another phase of this tendency to create innumerable medical societies was the recent second annual meeting of the Ohio State Railroad Surgeons, in this city. The meeting was announced with a great flourishing of trumpets and a most formidable appearing program covering three days. Notwithstanding all the newspaper notoriety and other advertising, only a handful of railroad surgeons was present, and all the business of the meeting was transacted and papers read in two short sessions. But this is only an example of the tendency to form district, State, tri-State, National, and every

other possible excuse that can be thought of to organize new societies. The men who organize and run and get all the eclat and offices and free advertising from these societies, are not as a rule, men of real scientific ability, and not usually the men who are respected by their fellow-workers at home. In fact, they are too often the men who are in bad odor and who do not hold the esteem and respect of those who know them best, and consequently are obliged to go away from home, where they are not known, in order to secure these positions of honor. Not infrequently these men manipulate the State and National organizations for their own purposes, as long as possible; and when they are found out and turned down, they go off and organize a new society. And the pity of it is that the respectable, well-meaning, intelligent, scientific practitioners will go into these new organizations and lend to them a certain respectability; and, in fact, without the labors of these unselfish members of the profession, they could not and would not exist.

Consequently it is of great importance for every one to carefully investigate the claims for existence which every new society has upon the profession, before lending it support. If properly conducted, the county, State and American medical associations would fulfill all the requirements of medical organizations of a State or National character; and in larger towns, one or more local societies would meet all the necessities of the case. By dividing the work into sections, as is done in the large Eastern cities, many of the local societies might be dispensed with. As a matter of fact, the great bulk of the work will be done by a limited number of individuals, no matter whether there is one or a dozen local organizations. The same is true of district, State, tri-State and National organizations; but the disadvantage of having a multiplicity of societies is much greater in the larger bodies. It is becoming impossible for a man to attend all the medical societies he might wish to, as at present organized.—*Cleveland Medical Gazette.*

When Should a Physician Marry?

It is a matter of history that the doctor's wife has much to do with either his success or failure. In general it is noticed that early marriages result most happily. In small places or in the country a married physician gets along with his families more comfortably. An early marriage admits of the more perfect blending of character and habits.

Dr. Grellety, in the *Gazette de Gynecologie*, discusses this matter from the French standpoint. Approving of early marriage (a date which he fixes at 30), he disapproves of accepting the first girl which the matchmaker presents. Ill-timed haste prevents the learning of the health, the honor, the education and surroundings of the person presented. As a result incongruous unions are frequent. That physicians should marry epileptics, phthisical, illy developed, wretched, ailing, ill-bred, all-collar-and-chin-bone girls, is a marvel. It would seem that their knowledge of anatomy, physiology and pathology utterly vanished when they contemplated marriage. A physician, by his own and his family's appearance, should preach the gospel of practical good health. By marrying early and having two or three children without delay, the physician may live to supervise their education and assist in promoting their successful entrance into business. Think at what age the settling in life of children will bring you.

The author advises to marry a pretty woman without vanity, an intelligent woman who does not make too great a display of what she knows, and above all, an amiable one. If this seems too much, profound love will make up for many deficiencies.

It is desirable that the wife be interested in her husband's professional life and its relations to the community and the profession. This interest will enable her to assist her husband, consciously and unconsciously; it is most likely to exist in early marriages, as then the freshness and enthusiasm of youth clothe with attractiveness otherwise disagreeable facts and relations.

It is not advised that a physician marry until he sees an

income sufficient to support a modest establishment by the exercise of frugality and self-denial. The struggle for such support has a healthful influence upon the development of the physician's home. In late marriages the expensive habits of the club and the places of amusement render it difficult to make such sacrifices as are essential to the formation of the happiest physician's home. Of all his gettings the physician's home is the crown. Having secured and maintained a wholesome, happy home, commanding the respect of his friends and neighbors, life for him has been a success. An early marriage to a genuine life-companion is the only method of securing such a home.—*American Lancet.*

Dr. Abrams, in a letter to the *Occidental Medical Times*, reports hearing the following conversation between two men in St. Louis, Mo. Said the one: "Hello, Bill; you ain't driving a car no more?" "No," said Bill, "it is too hard work; and besides, I'm going to become a doctor. It is a blame sight easier to wear a plug hat and glasses than to drive a car. Doc (referring to a professor in a regular school) said I'd get through all right if I paid the fees."

What fees? As the son or brother of a physician, or son of a clergyman, or young man seeking appointment under the foreign missionary society? Or, maybe, as the versatile Gaillard once put it, "the sun-of-a-gun!"

The late Dr. James R. Wood, just before opening his clinic one day, said: "We have a specialist of the eye, a specialist of the throat, a specialist of the lungs, and a specialist of the kidneys; and you will live to see the day—though I thank God I shall not—when there will exist a specialist of small intestines and a specialist of the big guts."
—*American Lancet.*

Each member of the Arkansas Medical Society should make a specialty of medical organization, for the present at least.

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Chairman's Address—Asepsis and Brain Surgery.

BY EDWIN BENTLY, M. D., U. S. A. RETIRED, LITTLE ROCK.

[Delivered in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

It is with pride and gratification that by your selection, I occupy to-day the position of chairman of the section on surgery. The active portion of my life has been largely devoted to this special branch of our profession, although I have always felt it honor enough to be a general practitioner. Something like five years ago, it was my pleasure to read a paper before this Society on the subject of asepsis and antisepsis, a matter not so universally accepted and practiced then as now. From the adoption of the principles involved and introduced by the sagacity, labor, and original research of Pasteur and Lister, we owe much of the marvelous advancement and overwhelming success which have attended modern surgery. It is with deep regret that I contemplate the lost opportunities I possessed and allowed to pass without being as fully improved as they might have been had I possessed the knowledge of the influence of microbes in the production and perpetuation of diseased action, for whether we accept the modern doctrine bearing on the causation and

perpetuity of inflammation, suppuration, and reparation, the facts resulting remain the same. Truths are potent measures which time can neither dispel nor prohibit, for they stand on the philosophic basis sustained by natural science and admit of experimental demonstration. The microbic theory of disease is fast becoming the fixed foundation of every successful worker. The revolutionary progress in operative surgery may well fill us with inspiration, as we recognize the possibilities which the laws of sanitation are continually unfolding, and the laboratories of organic chemistry are unceasingly exposing. The advances in Brain Surgery alone is enough to confound the superstitious and awaken the believing to wonder at the great depth of penetration, the accuracy of diagnosis, where successful invasion beneath the osseous vault well nigh exposes the citadel of life. We may admit the prehistoric uses of the trephine as evinced by mound exposures in the new and old world and accept the theory of some that they are relics of a religious rite or agree with Broca that the operations were made for some internal disease. They bear evidences of skill and will ever interest the student who is curious in this branch of research. To us it is more important to comprehend the indications of its use, the diseases to which it is applicable and the extent to which the penetration may be safely made. Having long been an advocate of the trephine and witnessed its triumph and its failure long before its present wide spread and extended application, I am prepared to understand how the apparently dead may be restored to life, how the mental faculties may be allowed to expand, how the horrors of the most distressing agonies may be eluded, how tumors may be removed and abscesses evacuated, and how by the slightest aggression beyond the morbid conditions, that vitality at the accumulated center of its forces may be quickly suspended, leaving the inanimate to prevail. In abscesses of the brain Kirchoff has given us three groups of symptoms to determine its presence and locality. First, The symptoms indica-

tive of suppuration, as fever, etc. Second, Those indicating increase of intracranial pressure. Third, Those arising from the seat of abscess. The unfavorable results which have attended the removal of intracranial tumors give little promise for the future, so it has been said that only encapsulated brain tumors should be removed. Those which possess an infiltrating character should be left, so the operation becomes simply exploratory. Epilepsy of the Jacksonian form admits of operative processes when the symptoms indicate the involvement only of the cortical structure. In hernia cerebri when the old remedy was compression, Beryinann would ligate the protruding mass. Removing the effusion in tubercular meningitis is only of temporary value in relieving the intense headache. From the days of Hippocrates the cranium has been punctured for chronic hydrocephelas without being attended with permanent good. Craniotomy for microcephalus has been done many times with encouraging results. Your own Society (in the person of Dr. J. A. Dibrell) has a worthy disciple of Keen of Philadelphia, in the successful execution of this operation. The old cylindrical trephine reigned for many years, but in 1860 was excelled by the conical trephine, an invention of Dr. Galt, of Virginia. Rajasingham has lately introduced a modification, regulated to cut at any depth required, relieving the hand in its mechanism to a great extent and scarcely needing its direction in the manipulation of the operation. La Place has arranged for the three fossæ of the skull, separate points for the insertion of the trephine. For the anterior fossa directly above the supra-orbital arch at its junction with the temporal ridge. For the middle fossa it should be set on a line extending from the middle of the zygomatic to the external angular process of the frontal bone. For the posterior fossa it should be applied immediately above the external occipital crest to the right or left. This will expose the cerebellum before the lateral sinus. All these maneuvres of La Place have been verified by experiments on dogs. The great

point to be attained is to secure proper drainage in all operations on the skull. The result of trephining in general paralysis of the insane has been advantageous so long as the flow could be kept up. As the establishment of continuous drainage is impracticable, the operation in the end, promises nothing. Intracranial hemorrhage, even in desperate cases, has been attended with encouraging results. The trephine should be set over the fissure of Rolandt. Abscesses following wounds of the brain have largely decreased since the introduction of antisepsis. It is now a well ascertained fact that in brain wounds the gravity depends more on the depth of the wound than on its extent. Hence the penetration of a bullet is often more serious than the breech-pin of a rifle, or the passage of a crow-bar, as eleven out of sixteen reported cases of the latter recovered. In wounds from knife blades and similar weapons in twenty-seven reported cases seventeen recovered and ten died. In bone fragments, of twenty-three reported cases twenty recovered, a mortality of only 13 per cent, all due to antiseptic treatment. In miscellaneous missiles such as ferrules of canes, pieces of ramrod, ferrule of umbrella, splinters of wood, stem of pipe, etc., according to Wharton's paper thirty-four cases have been tabulated, thirteen recovered, twenty-one died, mortality 61 $\frac{3}{4}$ per cent. In the same paper it is shown that the mortality following the expectant treatment, mortality was 56 per cent in twenty-five cases operated on, the mortality prior to antisepsis was 34 per cent, since, 20 per cent. In regard to treatment of foreign bodies in the brain I quote the deductions of statistics from Pitcher and Lloyd: "First, Gentle probing to detect the presence of the foreign body, no force to be used. Second, Removal of fragments about the wound of entrance and thorough disinfection of the latter. Third, Avoidance of prolonged and elaborate research, should the bullet not readily be found. Fourth, Drainage and the application of a most careful antiseptic dressing. If there be any bleeding this can be controlled by an antiseptic

iodoform gauze tampon, which will at the same time serve very well for drainage. Fifth, After a careful antiseptic dressing apply cold to the head, open the jugular vein and bleed, in case symptoms of encephalitis arise and are not controlled by careful irrigation and redressing. Sixth, Place the patient at absolute rest, give a light and nutritious diet, stimulants if necessary." Ruth refutes the theory of balls rebounding, and affirms that they will not rebound until they are flattened one-third, and says that a velocity that will produce this amount of flattening will nearly always penetrate the skull. If a ball strike at right angles or within 15 degrees, and does not penetrate, it will be found at the point of impact. He uses a hemispherically tipped probe, one-fourth of an inch in diameter. This probe to penetrate normal brain tissue would require force equal to $2\frac{1}{2}$ to 3 ounces, and to pass between the convolutions from $1\frac{3}{4}$ to 2 ounces. No one can be excusable for making a false passage. In fractures of the skull, balls have been removed from the lateral ventricle with the finger and convalescence followed without any untoward symptom. Balls have been allowed to remain and recovery ensue, but by a more tedious process by granulation, etc., fungus growths have been at length overcome, the wound closing by granulation.

After graduated compression, "Walker reports the case of a man who was found bleeding from the mouth, nose and left ear, his left eye closed by the swollen ecchymosed eyelids, a ragged bullet wound at the back of the hard palate, immediately to the left of the middle line and on the top of the head a puffy swelling, through which fractured bone could be felt. The fractured bone was removed and the bullet was found lying below some clots and lacerated brain substance. The fourth day after the operation suppuration at the back of the orbit commenced, displacing the eye forward and downward. The temperature rising to 101° F. (38.3° C.) the patient became delirious, obstinate and troublesome. On the eighth day the abscess discharged itself up-

wards through the wound in the head, the eye gradually returned to its normal position, the delirium abated and the patient made uninterrupted progress towards recovery."

Mitchell in his study of 300 cases of injury of the head relates eighty cases of basal fracture, twenty-one recovered and fifty-nine died. In the surgical treatment of epilepsy much will depend on the early operation, removing all injured parts before a sclerotic condition has been formed. Then if no remote source of irritation exist a successful result may be expected. "Kenedy trephined a child 6 years old (who had had epilepsy from the time it was six weeks old) in whom there was apparently no history of injury, and yet a spicula of bone was found projecting into the brain. This child could only mutter sounds, was paralyzed on the left side, and often had as many as thirteen convulsions in a day. Excepting one attack twelve hours after the operation, the child has had no return for nine months."

Girard, of Grenoble, relates the case of a woman who because she could not get cured of epileptic fits, shot herself in the head with a revolver. Carried to the hospital he trephined the skull and was fortunate enough to remove the ball, but curious to say the epilepsy disappeared also, and for the last six months the woman has had no signs of return." The operation of ligating the carotid arteries for the cure of epilepsy has not been attended with encouraging results. Sometimes I have thought it was of temporary advantage, at least, in lessening the severity of the paroxysms and protracting the intervals. I have never seen evil results follow Alexander's operation of tying the vertebral arteries at one or more sittings. The good resulting if any has been attributed to the injury done the sympathetic nerve.

Jamar reports the case of a soldier who in 1863 received a bullet wound which penetrated the skull and injured the dura. Some time after, while under treatment in hospital, he fell on the floor, an epileptic convulsion fol-

lowed, when to prevent farther injury he seized him by the neck, compressing the carotid arteries. The convulsion immediately ceased. This method he has employed with success in many cases since.

In April, 1892, an inspector of fire insurance was standing near the walls of a large warehouse which was in process of conflagration. A brick from the top became detached in the progress of the flames and falling, struck on the top of the cranium producing a compound fracture of the skull involving the anterior portion of the right parietal bone and a part of the frontal bone adjacent, for a space of 2 inches or more. The man fell, but with a little assistance rose again. He seemed conscious enough to those about him. He was able to order a hack and to direct the driver to carry him to his residence nearly a mile away and then to send the hack for the doctor, giving him all the needed instructions, where to find him, etc. The doctor being at home, soon responded to the message, finding the injured man in a cheerful mood like one exhilarated by stimulants. His wife was in the depths of despair, believing that he must have been drinking, she could not account for it, as she had been married a score of years and only known him as a model example of an abstemious christian gentleman. I was soon able to relieve her of all apprehension in that direction and to assure her that a far more serious matter concerned us. The wound was examined and temporarily dressed, an anodyne administered, which had the effect of soothing him. He complained of numbness in the left side, but the face was not affected. Preparations were made as soon as practicable for enlarging the flesh wound and using the trephine and removing detached and broken bone. Several pieces of bone from the fourth to an inch in diameter were removed together with considerable soft pultaceous matter resembling brain substance. Ether was the anesthetic used. The pulsations of the brain were distinct. The wound was aseptically dressed. The wound nearly closed by the first intention, a slight fistu-

lous opening remained for several weeks. No local inflammation appeared and no pain connected with the wound or head. The paralysis involving the left arm and leg was decided. Gradually sensation appeared in the hand and foot, after two months slight motion began to appear in the toes. For over two months there was complete retention of urine. Catheterization was practiced at regular intervals for at least ten weeks, with such care as to avoid the slightest traumatism. When the normal contractile power of the muscles returned the urine was normally voided, without effort or pain. In less than a year he resumed his former business without the slightest apparent intellectual impairment. The arm continues measurably useless, he walks rapidly with a cane, but a slight dragging motion of the foot. The result in this case I think justifies the active, conservative treatment that was practiced. More might have been done, but would have incurred an unjustifiable risk. It was my intention to have traced the relative relation in the progress of Brain Surgery with the other important cavities of the body, but I found it would be protracting this paper in excess of the legitimate limit and also taxing your patience beyond the expectation of endurance. I find myself happily relieved in the number of able essays which the members have graciously prepared for this section, and which will require for their reading and proper discussion all the time we will have at our disposal.

Purulent Ophthalmia.

BY H. MOULTON, B. S., M. D., FORT SMITH.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

A graduate of a well-known New York medical college once took two children many miles to see an oculist in order to have their eyes operated on for *cataract*. After seeing the cases the oculist advised the well-intending and diploma-

holding physician to buy a good text-book on diseases of the eye and read up on "purulent ophthalmia," with especial reference to its effects on the cornea. The children had *opaque anterior staphylomata*, and, of course, were incurable.

Again, a student, on completing the course of a four-term medical school, was asked at the final examination what he would do for a case of "ophthalmia neonatorum." After an unnecessary and painful pause the student with dignity demanded to know of the questioner whether he was talking of the "*ophthalmia neonatorum of adults or the ophthalmia neonatorum of infants!*" It is needless to say, gentlemen, that these occurrences were *not* in Arkansas or among Arkansas medical men. Yet the fact that such instances *can* and do occur somewhere makes us wonder if the usually considered homely and threadbare subjects of medicine are really as familiar to us as they should be. So let us consider a few of the points of interest of our subject.

Purulent inflammation of the conjunctiva is in the majority of cases due to infection from the secretions of the vagina or male urethra, or another diseased eye. It manifests itself by preliminary irritation during the first twenty-four to forty-eight hours after infection, and attains its maximum in three or four days, or sooner, often destroying an eye utterly within a day. The picture of a fully developed purulent ophthalmia is a frightful one and not soon to be forgotten. The intense swelling, the enormous quantity of pus, the fever and the great pain, often requiring full doses of morphia to relieve, all impress the gravity of the disease upon us. Yet if in the midst of all this disturbance, the cornea remains uninjured recovery is usually good. Here is the keynote—save the cornea. If it ulcerates, permanent opacities will result. If it be perforated, iritis with synechiae or irido-choroidites, or purulent destruction of the whole eyeball will follow. If the greater portion of the cornea sloughs the entire contents of the globe escape, unless re-

tained by a cicatrical barrier of iris and corneal remnants within an ever afterwards sightless eye. In any of these cases, sight, if not totally lost, is much impaired.

In the treatment of these cases the idea is often formed, from loose study, that about all that is necessary is cleanliness and the persistent use of some mild antiseptic lotion. No more fatal conception could enter the mind of a physician. True, such a course will sometimes result favorably in the purulent ophthalmia, and is always sufficient in the catarrhal ophthalmia of infants. But it is fatal in purulent ophthalmia of adults. Cleansing the conjunctival sac with a solution of bichloride of mercury, 1-5000-1-10000, or with a saturated solution of boracic acid, as often as every hour, is a matter of the utmost importance, and must never be omitted. Neither should the continuous application of cold compresses during the stage of swelling be omitted. But alone these measures will result in many disappointments. In the first few hours, before the purulent secretion is established, while there may be doubt as to the exact nature of the disease, stronger measures should perhaps be delayed. In infants, as the disease develops usually within three days from birth, we have this circumstance to aid our diagnosis, and there is not often excuse for procrastination. In any case, our fear is that instead of a purulent we may have a diphtheritic conjunctivitis to deal with. In the latter caustics would be fatal. In all cases, however, where the diagnosis is made and the secretion is established, there is no time to lose. Evert the lids and apply boldly a solution of nitrate of silver, ten to forty grains to the ounce, taking care to wash off the excess of silver before returning the lids. This is the remedy *par excellence*. The ten-grain solution is just as efficient as the stronger if left fifteen or twenty seconds before washing away, and perhaps is safer unless used by an expert. In no case should the remedy reach the cornea. The application must be attended to daily by the physician himself, never by any other, and no

cause should delay his visit. If at any time the conjunctiva becomes infiltrated with a membranous deposit we have a most unfavorable condition, which contraindicates the caustic. Hot fomentations and antiseptics alone can be used till the membrane melts away, but we will most likely lose the eye. In adults, when the lids are so swollen that they cannot be everted, a canthotomy must be done, or the palpebral conjunctiva freely scarified. Excessive chemosis must also be incised. The cornea must be seen, not guessed at, but actually seen, each day. It can be done. If any abrasion or cloud appears atropine must be freely used. After the sixth day the greatest danger is passed. The treatment of complications cannot be considered here. But the above plan will prevent them in almost every case of infantile ophthalmia. Not so, however, in the gonorrhœal ophthalmia of adults. In spite of the best care many eyes will be lost. The Royal London Ophthalmic Hospital Reports, 1891, record 215 eyes treated at Moorefields, the largest eye hospital in England. Of the 215 eyes, 104, or about one-half, were deprived of useful vision, 30 of them being totally destroyed. Nevertheless, not so many blind persons owe their misfortune to this as to the infantile form. Fewer adults suffer, and those who do come sooner under treatment. Infants, if treated, get well, but from delay or lack of treatment many annually lose their sight. The statistics of blind asylums show that from 30 per cent to 60 per cent of the inmates are blind from this cause. The average is about 40 per cent.* Even were it much less it is a frightful fatality, and the question arises how to prevent or limit so dread a disease.

In adults not much can be done. It is the duty of the physician to warn his patients of the danger of infecting others, and to warn his gonorrhœal patients of the danger of infecting their own eyes. It is a matter for individual sanitation, not legislation. But with helpless infants it is different.

*Norris & Oliver, p. 314.

They are infected while being born, then left often to the tender mercies of time or the ignorant care of midwife or nurse. Prophylactic antisepsis of the mother's vagina before birth, or of the infant's eyes at birth, or both, reduce the frequency of the disease very much. In 1,092 cases not treated at birth, Koenigstein[†] found about 5 per cent of ophthalmia neonatorum, taking no account of catarrhal ophthalmia; in 1,541 cases treated by carbolic acid solution in the eyes at birth, 1.5 per cent; in 1,250 cases treated with 2 per cent solution nitrate of silver (Crede's method), less than $\frac{3}{4}$ of 1 per cent. Other statistics are equally as favorable. They prove conclusively the value of these measures. In my opinion some of them should be adopted at every child birth; at least every vagina with any abnormal secretion should be disinfected, and every infant's eyes washed thoroughly with a saturated solution of boracic acid. But many children are born under the auspices of a midwife, or ancient dame of the neighborhood, whose voluntary employment of the measures of advanced science is not usual. Nor is it practicable to compel such by law, for reasons which are obvious. Yet law can be invoked to aid in another way. It has been shown that blindness is preventable even after inflammation is lighted up, should the disease be seen sufficiently early and properly treated. Hence a law which would bring all cases under the timely care of a competent physician would clearly be the means of saving many eyes and relieving charity of many cares. Such a law has been enacted in a few States, among them Rhode Island, Maine and New York, compelling, under penalty, midwives and nurses to report all cases of inflamed, red or swollen infants' eyes within six hours to a health officer or legally qualified physician of the locality. Such a law cannot fail to appeal to intelligent humanity.

†Opt. Cit.

Report of Two Cases Parenchymous Metamorphosis of the Kidneys.

BY D. A. GRAY, M. D., LITTLE ROCK.

[Read in the Section on Practice of Medicine at the Nineteenth Annual Session of the Arkansas Medical Society.]

Last spring it was my fortune to have at the same time two cases of what is usually termed Bright's Disease. They presented some similar and so many diverse symptoms, that at first sight it seemed to me almost an impossibility that they could be one and the same disease. Their etiology was in all human probability the same. Both were the victims of profound chronic malarial poison, well marked by the history and general appearance. But that you may the better contrast them, the one with the other, I will give a brief statement of the condition of each, at the time of my first visit.

CASE NO. I.

Mr. L., aged 45, white, had spent the previous fall and winter in southeastern Arkansas and northeastern Louisiana, in the overflowed district. I saw him first in March, 1893. Said he had all the usual forms of malaria at intervals during the previous fall and winter. He was pale, in fact, the pallor was extreme. He now complained of indigestion and imperfectly performed functions of the liver, headache and general malaise. Under eyelids puffy and general flabby condition of all the tissues. Urine about normal in quantity but of high specific gravity, 1030 to 1035. Albumin present. When boiled in test tube a few drops of nitric acid added and left to stand one hour to cool and settle, about one-tenth of the volume used would be occupied by the albumin. How long this condition of things had existed will perhaps never be known, for he never suspected his condition.

CASE NO. 2.

Mr. M., white, aged 35; occupation, engineer at a stave mill at or near Newport, Ark. He stated that he had had almost all forms of malaria with many relapses. When first seen by me he presented the peculiar features that always accompany serious renal disease. That peculiar integumental pallor, waxy condition of the muscular system, hair and eyebrows both preternaturally grey, universal anasarca with considerable effusen in the abdominal cavity. Feet swollen and excessively tender. Urine just the reverse of case 1; specific gravity at no time being above 1005 and generally less and on some days not more than 1002. Under the heat and nitric acid test for albumin, as in case 1, the whole volume used would gelatinize and after standing for one hour would still occupy four-fifths of the amount tested—the heaviest deposit of albumin that I have ever seen. My prognosis was extremely unfavorable and I advised the patient to make his will and prepare for the worst. I did not think he could live more than thirty days at best.

What is the pathology of this fatal disease, which seems to be rapidly increasing in frequency? I was taught, years ago, that it was a chronic inflammation of the kidney, but the trend of modern investigation leads in another direction, and certainly meets the approval of my judgment.

Dr. Wm. H. Porter, of New York, has advanced the most rational views on the subject that it has been my fortune to read, and to whom I am largely indebted for the explanation of hitherto obscure phenomena. According to him the kidney lesion is a secondary one and never primary, in which position my judgment fully coincides with his. He says that a disturbed condition of the digestion and nutritive functions are the primary causes.

It is well known that there is a parenchymous metamorphosis sometimes present in pregnancy, in which physiological metabolism becomes pathological in character and that the one so gradually turns from one to the other that with

the most acute observation it is impossible for us to say which of our pregnant patients may develop the malign symptoms. This is the result of perhaps a combination of causes; irregular or disturbed enervation and also direct interference with the circulation of the renal glands. As a result we have suboxidation of the normal proteoids called by-products. But as this line of thought would lead us into the discussion of vomiting of pregnancy we only mention it as primary to our theme.

Virchow first called the attention of the profession in 1864 to the fact that parenchymous transformation in the protoplasm of the epithelial cells was the morbid anatomy of the kidney and not vascular exudatis as inflammatory processes would produce. Since his first statements were made it has been clearly demonstrated by many observers that all the characteristics of inflammation, such as dilation of arterioles, exudation of liquor sanguini, etc., are all absent.

It is true that these kidneys weigh from 6 to 12 ounces instead of the normal $4\frac{1}{2}$ to 5 ounces. The cut surface of the kidney is pale to an abnormal extent. Microscopic investigation has proved that this enlargement is edematous and not inflammatory; not by new histological elements but edematous infiltration. It is this pressure caused by the edematous infiltration that clogs and impairs the physiological action of the gland.

We are taught that in nature's laboratory everything is so evenly balanced that the slightest change in the position of an atom will often change the whole. For example let us take the pollen of two plants of the same class and species, microscopically and chemically the same, yet one will cause life and nourishment to one plant, and to the other its effects are *nil*. Now at the very time that we find the degenerate condition of the kidney, that wonder of nature, that delicate and wise law of the supreme chemist by which the poisonous detritus of the system is changed to that harmless compound known to us as urea, some defect

of vital force causes a slight change, a superoxidation and that dangerous and death-dealing substance known to us as uric acid is formed, ready and willing to unite with almost any by-product to form malign material in the system; often producing salts whose molecular weights are so diverse that while urea has a molecular weigh of 60, uric acid has a molecular weigh of 168 and its salts vary as much as 537. This explains the apparent anomaly of such wide specific gravity in the urine of these cases. The order that I have noticed has been; first, a stage of high specific gravity followed, if not corrected by general systemic treatment, by the development of uric acid salts and oxalates, lactic acid and salts, then bile pigments, and then salts, then albumen, followed or accompanied by tube casts and cast debris. When all these are retained in the blood and the quantity of urine is large its density will fall as in my second case. And this is the special form of this disease that is usual as result of malaria. These being my views of the pathology the course of treatment was the same in both cases.

I ordered both to be put on a milk diet supplemented by a preparation of semidigested cod liver oil emulsion.

When either increase of edema or grave head symptoms put in their appearance I ordered frequent use of bi tart. potassa to aid in the elimination of these poisonous materials.

I depended in these cases on the formulæ suggested by Dr. Porter which, for the benefit of those who have never seen his work I copy in full.

| | |
|---|-------------------------|
| R | Arsenios acid, 1 gr. |
| | Bi chlo. mercury, 1 gr. |
| | Pv Ipecac, 2 gr. |
| | Hyd. chlo. mite, 16 gr. |
| M | Ft tabs No. 15. |

Sig. One every three hours until free evacuation of the bowels occurs.

This I deem preparatory, and the following gave me the best results of any general treatment I tried, viz:

- R Fell bovis inspis., 1 scruple.
Ext. pancreatin, 1 dr.
Hæmogallol, 2 dr.
Caffeine, 1 scruple.
Ext. calocynth com., 1 scruple.
Euonymin, 10 gr.
Ext. aloes, 6 gr.
Ext. columb., $\frac{1}{2}$ scruple.
- M Ft. capsules No. 40.
- Sig. Two before each meal.

As both cases are complete and their clinical history is wound up I will give you the results.

Case 1, marked by the high specific gravity of urine, began to improve I think from the first, but the improvement was slow. After two months of this treatment, however, it was beyond question, and within a period of six months I was able to detect no morbid condition left and pronounced him well, and so far he seems to be in perfect health and strength.

Case 2, gradually improved for the first two months and hope sprung up in his mind, and for a while I almost regretted the grave prognosis I had expressed to him on first sight. Then came a stage of standstill and it was impossible to say that he was either better or worse for perhaps two months. Life seemed trembling in the balance.

About this time the patient was informed that some friend of his in a somewhat similar condition had been greatly improved by the use of the water of Eureka Springs and he was exceedingly anxious to try it. Feeling that my treatment was not doing for him what I would like I consented, and he spent about eight weeks at this celebrated watering place. On his return I examined him critically and could detect no change in his condition. He then disappeared from my observation and knowledge for perhaps two months, when accident brought him to my office again. On inquiry I found that he had been treating himself with some patent nostrum called kidney and liver cure, and that he considered himself a sound man. In short he said, I am

well. I asked him to allow me to examine him to which he readily assented.

I made careful examination, both chemical and microscopic and found that although his general appearance did look improved it was only an apparent improvement; he had lost all he had gained and was worse than ever. About six weeks later I was called in haste, only to get there in time to see him die in the awful contortions of a perfectly developed uremic convulsion.

There will not be too many papers for the next meeting, but if such an unprecedented accident should occur it will be an easy matter to select the best. Try to write one that will be among the best.

The closing year has been one of unprecedented financial depression. May better times bring more active work in the medical societies and increased interest in the cause of medical organization.

The legislature will convene next month. It is quite likely that the members representing the counties visited by smallpox last spring will be in favor of an appropriation for the State Board of Health, while the gentlemen from the counties that have not felt the financial loss caused by the outbreak will not be in favor of "fooling the people's money away" in such fashion. The past justifies this prediction. Very few counties have in former years sent to the legislatures representatives broad minded enough to legislate for the *whole* State. "The people of *my* county, Mr. Speaker," and "there are men in *my* county working for a dollar and a half a day who would be glad to have the position of supreme jedge for a thousand dollar a year." These are the stereotyped sentences that have shown the caliber of a majority of lawmakers in years gone by. Such men are too narrow minded to comprehend the benefit to be derived from State sanitation. May there be none like them in the next legislature.

THE
Journal
OF THE
Arkansas Medical Society.

OWNED AND CONTROLLED BY THE ARKANSAS MEDICAL SOCIETY WITH NO OTHER PROPRIETARY OR BUSINESS INTERESTS WHATEVER.

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PUBLISHED MONTHLY. - - - - - Price, \$1.00 a Year in Advance.

All communications to this journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notices of deaths, removals from the State, changes of location, etc., are requested. Contributors desiring reprints or extra copies of the JOURNAL must notify the editor when their papers are sent to the journal.

The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

All members of the Society should send their annual dues to the TREASURER, Dr. A. L. Bréysacher, 520 Cumberland Street, Little Rock, Ark.

ADVERTISING RATES.—The charges in the following table are fixed and invariable. No proposition for a less rate will be considered.

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VOLUME V.

DECEMBER, 1894.

NUMBER 3..

Editorial.

Exemption Laws and Doctors' Bills.

The Eureka Springs and Carroll County Medical Society has taken the initiative in the attempt to have a bill passed by the next legislature "to enable physicians to collect their bills—at least to secure them to the amount of from \$15 to \$25 in each case where they are called—against which the usual exemption laws would not lie."

The memorial, which is published elsewhere in this number, is accompanied by a circular from the Society, which

states that the memorial has been sent to every member of the legislature, and to 1,000 prominent physicians in the State. It is further requested that senators and representatives be seen, and that the importance of such legislation be urged upon them. It says the representative from Carroll County, Hon. W. M. Brown, will present a bill to that effect and will be active in trying to secure its passage.

The memorial and circular letter are each signed by the committee appointed by the Eureka Springs and Carroll County Medical Society. This action is commendable, and the justness of such a law cannot be questioned by fair minded men but we fear the accomplishment of the desired end is farther off than the memorial indicates.

Article 9 of the constitution of 1874 fixes the exemptions, and no alteration of this can be obtained without an amendment to that instrument.

In admiralty laws the *last* mortgage holds good over all others, and for the very obvious reason that if the first mortgage secured the property, it would be impossible to find a contractor who would repair, without security, damaged vessels already covered by mortgage. Therefore the last mortgage is made operative so that disabled vessels may save their cargoes and go on their way to make the first claim good by reason of being able to give the last security. With due seriousness it may be claimed that it would be just as fair to make the claim of the physician valid against all exemptions and previous claims; for it is very certain that in many cases, without the physician's timely aid, persons would not live to pay obligations of any nature.

But physicians are not ship carpenters, and human beings in sickness are not to be compared to waterlogged ships. Yet such a law would enable physicians to collect their fees from those who can pay but will not, and who view philanthropy and kindness from an entirely selfish and financial standpoint.

Our exemption laws are almost universally condemned,

and their abrogation is called for from all parts of the State. There is, in fact, a general demand for a constitutional convention. If the next legislature shall fail to propose amendments to the present constitution changing exemptions, and shall pass a bill calling a constitutional convention, it would be of vital importance to the medical profession and to the people generally to have a medical committee present to look after matters relating to public health and sanitation. For such a committee to have any good influence it should be truly one representative of the best element of the medical profession in the State. The profession must first become representative through compact organization. The membership of the State Society must be increased until every reputable physician in the State is an active member. Reorganization should be the watchword in every county society, and a new society should be established in every county now without one.

The platform of these societies should be reorganization for the advancement of professional knowledge and the elevation of professional character, with incidental protection of professional interests. Or, to put it in a phrase more compatible with political comprehension—a society for science only, with incidental protection.

The Death of Dr. F. L. Sim.

The death of Dr. F. L. Sim of our neighboring city and State, Memphis, Tenn., is a source of deep grief to the members of the medical profession of many States, to the medical press and medical students, to his own community and above all to the members of his family. He was a good man, a genial gentleman, a talented physician and brilliant writer. In whatever station he was placed he performed his part with credit to himself and honor to his profession. He held many positions of honor as a physician, editor, teacher and citizen, and in all of them he worked to the best of his ability and was successful.

The members of the profession in our State, many of whom had the pleasure of his personal acquaintance, join with THE JOURNAL in extending to his family and friends the sincerest sympathy.

Southern Hospitality.

The editorial from the New York *Medical Journal* on the meeting of the Mississippi Valley Medical Association at Hot Springs is but one of the many kindly things that has been written about the meeting.

. THE JOURNAL desires to modestly request the American Medical Association to give Hot Springs and our State a fairer chance to show what Arkansas can do in the way of entertaining the medical profession of the entire United States.

This is written without consulting Hot Springs, but as only our little medical quarrels are local and our hospitality is general it makes no difference from what part of the State such suggestions may come.

Editorial Notes.

Apropos to the subject of medical legislation, the following editorial comments are reproduced from *The Post Graduate*, New York:

"The report of the committee to represent the Academy of Medicine at the State constitutional convention, as read by the secretary, Dr. Pryor, was very interesting. The doctor gave an account of his reception by the lawyers, who, in the main, constituted this great body. One could read between the lines that the lawyers think the medical profession is a very good profession, provided it never does anything beyond giving a pill or applying a blister. In other words, the members of the bar do not always think we are entitled

to any opinions on government, even when strictly medical questions are involved.''

"Alexander Hamilton said long ago, that the United States ought to be governed by lawyers. This remains true, but a well educated physician ought to have a legal mind. He ought to be able to weigh evidence, and to be something of a judge. He should be capable of deciding on which side the weight of evidence lies. Having these qualifications, subjects pertaining to the public health should be, very largely, settled by the medical profession. As Doctor Pryor showed in his report, although coroners are not doctors, they are always obliged to call in, as chief assistant, a graduate in medicine, to decide almost every point, which a regularly constituted officer of the law should decide. The coroner now not being able to do so, should be replaced by a doctor. After this doctor has decided whether death has taken place from unnatural causes, then the lawyer comes in to find out and prosecute the criminal, but not before."

"Strange to say, the constitutional convention was unwilling to do anything more in the matter of coroner, which is now a constitutional office, than to allow the legislature to vote upon its abrogation. They were not ready, with their peculiar jealousy of the profession, to which we have alluded, to decide that this function should be performed by a physician."

"But since the constitutional amendments have been adopted, we may now ask the legislature to revise the whole matter, and create a new kind of coroner, who cannot make a travesty of what a thorough medico-legal system ought to be. As things now are, a few fat offices are arranged for men who cannot do the work. They, in turn, choose doctors, at very small salaries, to do it all. Let this be reversed. Let those who do the work, and who only are competent to do it, have the salaries as well as the labor."

"There seems to be no hesitation in the minds of our

lawmakers about giving an ex-saloon keeper an office as police justice, with a very large salary, while they hesitate seriously in regard to offering \$3,000 a year for the medical assistant of a coroner. As usual, the medical profession has itself to blame for this state of things. They have never spoken loud enough as a profession, but they have allowed professional wirepullers in their own ranks to go about arranging the filling of petty offices by doctors, while in public these same men have raised the cry: 'The medical profession can have nothing to do with politics.' ''

"The report of the academy's committee also alluded to the absurd provision that regents of the university should occupy their position for life. When the regents had nothing to do but to supervise a few academies and colleges, that really supervised themselves, it was all very well to let men become superannuated in office, but now that the regents have charge of the licensing of medical practitioners for the whole State, this condition of things is entirely wrong. As the report said, the tenure of office should be limited to ten years, for the greatest mental activity is absolutely necessary in this great work of supervising the admission of men into the medical profession. Here, too, there is work before us in the coming legislature. We ought to endeavor to get the law amended, so that the tenure of the regents of the university should be limited.

"In the face of all these things, suggested by Dr. Pryor's report, and many more, strictly pertaining to the public health, that will arise in the minds of our readers, how can any man in our profession have the temerity to assert that we should not interfere in higher politics? It is high time that doctors in medicine really became teachers, and taught, not only their patients, but the whole commonwealth.' '

Send to the secretary of the Society for reprints of the revised constitution.

The Arkansas Medical Society.

OFFICERS OF THE SOCIETY 1894-95.

| | |
|--|--------------|
| <i>President</i> —A. C. JORDAN..... | Pine Bluff. |
| <i>First Vice President</i> —J. D. SOUTHDARD | Fort Smith. |
| <i>Second Vice President</i> —M. FINK | Helena. |
| <i>Third Vice President</i> —G. W. HUDSPETH | Little Rock. |
| <i>Fourth Vice President</i> —R. P. MOORE | Oak Grove. |
| <i>Secretary</i> —L. P. GIBSON..... | Little Rock. |
| <i>Assistant Secretary</i> —D. A. GRAY | Little Rock. |
| <i>Treasurer</i> —A. L. BREYSACHER | Little Rock. |
| <i>Librarian</i> —R. B. CHRISTIAN | Little Rock. |
| <i>Section on Practice of Medicine</i> —R. G. JENNINGS, Chairman, Little Rock; E. Meek, Secretary, Argenta. | |
| <i>Section on Surgery</i> —ADAM GUTHRIE, JR., Chairman, Quitman; J. R. LYNN, Secretary, Des Arc. | |
| <i>Section on Obstetrics and Gynecology</i> —GEO. F. HYNES, Chairman, Fort Smith; T. M. BAIRD, Secretary, Hot Springs. | |
| The Time of the Next Meeting—Wednesday, the first day of May, 1895. | |
| The Place of Meeting—Little Rock, Ark. | |

The Committees for 1894-95.

The standing committees for the year will be announced in the January issue. There will be published at the same time the revised list of the members.

The secretary would be glad to have corrections made in the last list, and to receive notices of deaths, changes in address, etc., during the past year.

How to Resign from the Society.

While it is hoped there will never be any occasion for adopting the following suggestions, they are given for the use of those who may find it impossible to avoid severing their connection with the Society:

Every year the treasurer has received one or more letters requesting him to drop names from the list of members. Now, the treasurer has no more authority to drop a member from the list than has the fourth vice president or librarian. It is his duty to collect all the money due the Society from members.

In withdrawing from the Society, the proper course is to pay all dues, and then write a letter of resignation to the Society and send it to the secretary. This letter will be presented at the next meeting for action by the Society then in

session. It is a universal rule of all organizations that members in arrears for dues cannot have their resignations accepted during such delinquency. This has been the rule in our Society and there is no honorable way to withdraw except by paying dues and resigning in the form referred to above.

But the best way is to pay dues every year—never get behind two years. It is easier to pay \$5 a year than \$10 biennially, or larger sums at longer intervals.

Fully appreciating the overwork and under pay of physicians generally; practically realizing the unwholesome truth that physicians, of all others, feel most the effects of hard times and general business depression, yet it is hard to believe that any member of the profession is unable or unwilling to contribute the sum of \$5 a year to maintain its dignity and honor, to exalt its standing and to extend the bounds of its usefulness. For every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities for the accomplishment of these ends.

The truth of the matter is, that most of those who have requested the treasurer to drop their names, and have not paid their dues, are among the wealthy. It is probable that the same methods that have enabled them to accumulate money prompts them to save it—by backsliding instead of liquidating their just indebtedness to an organization in which membership is entirely voluntary.

The Present Constitution of the Society.

Under the head of Miscellany the present Constitution, By-Laws and Rules of Order of the Society are printed. It will be well to compare the existing organic law with that proposed by the special committee and published last month.

Sebastian County does not contain the only medical society in Arkansas, but her society has a splendid secretary.

Very largely indeed, are medical societies known by the efficiency of their secretaries.

County Societies.

Sebastian County.

The Sebastian County Medical Society held its regular monthly meeting December 11 in Dr. Southard's office, Dr. G. F. Hynes in the chair. Those present were the president and Drs. Eherle, Saunders, Sanders, Hatchett, Epler, Gardner, Wright, Moulton, Foster, Bailey, Amis, Gant and Southard.

Visiting doctors: Johnson, of Georgia; Jones, of Fort Smith, and Thomas Douglass, of Franklin County.

Dr. J. G. Eherle, Chairman of the Committee on Practice of Medicine, made a very interesting and up-to-date report, which was freely discussed.

The regularly appointed essayist, Dr. Gant, not having been notified of his appointment, was not prepared to report, and was, by motion, continued as essayist for the January meeting. His subject will be "Typhoid Fever."

Dr. Epler presented some specimens of urine from continued fever cases to which Echerlich's typhoid fever test had been applied, and stated that in a number of cases tested it had responded in a manner which it would seem ought to give it a position of considerable importance in the diagnosis of typhoid fever. The directions for its employment are as follows:

SOLUTION A.

Acid hydrochloric, 1 part.

Distilled water, 20 parts.

Sulphuritic acid, qs. to saturation.

SOLUTION B.

Sodium nitrate, 1 part.

Distilled water, 20 parts.

Take forty parts of solution A, and one of solution B, mix and add one c. c. to test tube half full of urine; add to this sufficient aqua ammonia to render it alkaline, when, if the

disease be typhoid fever, the foam which gathers will appear as caesine red, changing to garnet red. After this stands three or four days an olive-green deposit appears.

Our Society is in a very flourishing condition and is exerting considerable influence for good in this community. We furnish the city council with two of its ten members, the city with its board of health, St. John's Hospital with its medical staff, the training school for nurses with a corps of instructors, the railroads with their surgeons, the United States with its jail physician, and two pension examiners; besides several other positions of honor and trust are occupied by its members. The truth is, we believe Fort Smith and the Sebastian County Medical Society can show as clean and able a body of physicians as any city of its size in the country.

With two exceptions, every regularly graduated physician in Fort Smith belongs to the Sebastian County Medical Society, besides all the best physicians in the county outside of Fort Smith, are members. Our society was organized in 1874, and excepting one or two short intervals, several years ago, has met regularly ever since.

Fort Smith has one homeopath, three eclectics and about twenty-five regulars.

OUR OFFICERS FOR 1895.

Dr. T. J. Wright, our president elect, is a scholarly physician, an orator, and a user of the very best English. He is a Missourian by birth and education, being an *alumnus* of the Missouri Medical College, in the days of Dr. Hodgen. He is now past fifty. He was a delegate to the recent Pine Bluff meeting of the Arkansas Medical Society.

Dr. E. G. Epler, first vice president elect, is a young man, well educated both from a literary and medical standpoint, modest and unassuming, a thorough student, an untiring and an able worker in the interests of regular scientific organized medicine. He is a graduate of the Chicago Med-

ical College, and served two years as a member of the home staff in the Cook County Hospital, Chicago. He has devoted much time to microscopy and bacteriology, and is thorough, painstaking and methodical in his work. He is the scientific member of our Society.

Dr. Minnie J. Sanders, second vice president elect, is a bright, handsome and winsome young woman, well up in medicine, and is building up a good practice. She was elected to membership about a year ago. She is quite a popular member. She made a very graceful acknowledgement of the honor conferred upon her.

The treasurer and secretary, Drs. Breedlove and Southard, were reelected.

Our next meeting will be held January the 8th, at Dr. Moulton's office.

J. D. S.

Miscellany.

CONSTITUTION,

By-Laws and Rules of Order of the Arkansas Medical Society.

CONSTITUTION.

* **ARTICLE I.**

TITLE.

This Association shall be known and distinguished by the name of the Arkansas Medical Society.

ARTICLE II.

AUTHORITY, OBJECT AND ETHICS.

The authority of this organization originates and exists solely in the support of its members. This Society shall collectively represent and have cognizance of the common interests of the medical profession in every part of the State. Its chief object is to enable its members to keep pace with the progressive spirit of the age in which we live; and not

only in science and practice of medicine and surgery as taught at the present day, but in all those coördinate branches inseparably connected with it. The observance of medical ethics will be in strict conformity with the Code of Ethics of the American Medical Association.

ARTICLE III.

MEMBERS.

This Society may embrace as members any physician or surgeon who possesses the qualifications hereinafter specified, and who is a resident practitioner of the State. They shall hold their appointment to membership as delegates from a permanently organized municipal, county or district medical society, as members from counties where no society exists, or as permanent members. But no district medical society shall be entitled to representation which includes within its county or municipal territory any medical society in affiliation with this Society. Delegates shall receive their appointment from local societies within the State. Members from counties without organization shall consist of practitioners of reputable standing. Permanent members shall consist of those delegates and county members who pay their annual dues. They shall belong to a municipal or county society, where such society exists in the county in which said members reside.

No person shall be eligible to membership in this Society who resides within 20 miles of the place of meeting of any county, municipal or district medical society, unless he be a member of said county, municipal or district society.

Members of these classes shall be entitled to an equal participation and voice in all the deliberations of the Society, the delegates present only being entitled to vote. The basis of representation shall be one vote for each five members of the Society represented, and one vote for the fraction over five members. In counties where there are one or more permanent members of this Society, but not a sufficient

number to constitute a county society, one such permanent member may have a vote in the proceedings of this Society and a place on the nominating committee.

ARTICLE IV.

QUALIFICATIONS AND PROCEEDINGS NECESSARY TO OBTAIN MEMBERSHIP.

SECTION 1. The qualifications requisite to be admitted a member of this Society, are:

First—Applicant must possess a good moral character and standing in the community in which he resides.

Second—He must produce satisfactory evidence that he was graduated at some recognized medical college or university of good repute with the American Medical Association.

SEC. 2. The name of each applicant must be presented to the Society by the committee on credentials, who will report explicitly such evidence of applicant's graduation and other qualifications as it may be possessed of; and if found objectionable on social, moral or professional grounds, his case shall be referred to the Judicial Council, whose action shall be final.

SEC. 3. Every admission to membership must be by ballot, and every applicant receiving three dissenting votes shall be considered as rejected.

ARTICLE V.

OFFICERS—MANNER OF ELECTION AND THEIR DUTIES.

SECTION 1. The officers of this Society shall consist of a president and four vice presidents, secretary and an assistant secretary, a treasurer and a librarian.

Officers to be chosen annually by a nominating committee, composed of the chairman of each county delegation present, and to serve one year from the close of the session in which they have been chosen.

SEC. 2. It shall be the duty of the president to preside at the meetings, to preserve order, to give the casting vote when the members are equally divided upon questions.

before the Society, and perform all other duties that custom and parliamentary usage may require.

SEC. 3. It shall be the duty of the vice presidents to preside in the absence of the president, and at all times to assist the president in the performance of his duty.

SEC. 4. It shall be the duty of the secretaries to keep a true and faithful record of the proceedings of the meeting, preserve all books and papers and other property belonging to the archives of the Society; attest all orders drawn on the treasurer for money appropriated by the Society; keep a register of the members, the date of admission, nativity, place and date of residence; and the secretary shall be *ex-officio* chairman of the committee on publication. They shall attend all committees that may be appointed by this Society, with such documents as may be necessary for reference; report such unfinished business of previous meetings as may appear on the record requiring action; turn over all papers to and render such practical aid and assistance to the publishing committee as may be required of them; and attend to such other business as the Society may direct.

SEC. 5. It shall be the duty of the treasurer to collect all moneys, receipting for same, and to pay out money only by order of the Society, indorsed by the president and attested by the secretary. At each annual meeting he shall present an account current of all moneys by him received and disbursed.

SEC. 6. It shall be the duty of the librarian to receive and preserve all the property, in books, journals, pamphlets and manuscripts, presented to or required by the Society; record their titles in a book for the purpose, and acknowledge receipt of same.

SEC. 7. No member of this Society shall be eligible to an election to office who is not present at the annual meeting of the Society at which he is so elected.

ARTICLE VI.

TIME AND PLACE OF MEETING.

SECTION I. The first meeting of this Society shall be held immediately after the adjournment of this convention. After this the regular meeting of the Society shall be held annually, at such time, in the city of Little Rock, or any other place within the State of Arkansas, that may be designated by the Society.

ARTICLE VII.

WHAT SHALL CONSTITUTE A QUORUM FOR BUSINESS.

SECTION I. A quorum to transact business shall not be less than the delegates of three county societies, and in case there should be a want of such a quorum, it shall be within the power of the permanent members to elect from the permanent members present a sufficient number of delegates to constitute a quorum.

ARTICLE VIII.

VACANCIES IN OFFICE AND HOW FILLED.

SECTION I. In case of death or resignation of any officer of this Society, the vacancy shall be filled by appointment of the president.

ARTICLE IX.

STANDING COMMITTEES.

SECTION I. The following standing committees, each composed of not less than three members, of whom the first named is chairman, shall be appointed by the incoming president, at every annual meeting, for the purpose of preparing and arranging business for the ensuing year, and for the execution of the instructions of the Society, viz:

A committee on arrangements.

A committee on credentials.

A judicial council.

A committee on medical education.

A committee on scientific communications.

A committee on medical legislation.

A committee on publication.

A committee on necrology.

SEC. 2. These several committees shall report annually, through their chairmen respectively, upon the specific subjects to which they have been appointed. It shall be the duty of each committee to make a full and complete report to the Society of all matters, business, etc., that properly comes before or presents itself to them, upon each particular branch or section.

SEC. 3. The Judicial Council, consisting of nine members, shall consider all ethical subjects, all questions of a personal character or controversy, including complaints and protests, which may be referred to it. The council shall organize by choosing a president and secretary, and shall keep a permanent record of its proceedings. It shall report to the Society at the earliest practicable moment, and its decisions shall be final and binding upon all parties.

SEC. 4. The nominating committee shall nominate for each section a chairman and secretary, whose duties shall be such as usually devolve upon such officers.

SEC. 5. The scientific proceedings of this Society shall be conducted in three sections—one on practice of medicine, one on surgery, and one on obstetrics and gynecology. Each section shall have its sessions in the afternoon and evening, at each annual meeting, as may be arranged for by the committee of arrangements.

ARTICLE X.

ADMISSION FEES AND ANNUAL TAX.

SECTION 1. The fee for admission to membership in this Society shall be *five* dollars, and *five* dollars for each year he shall be a member of it. Any member failing to pay his annual dues within six months after being notified by the treasurer, shall be suspended, but after payment of the same, *ipso facto*, shall be restored to membership.

SEC. 2. Any member who fails to pay his annual dues for two years shall be notified by the secretary to appear before the Judicial Council at the next meeting of the Society, and failing to appear or make adequate defense, shall be dealt with by the society in accordance with the decision of the Judicial Council.

ARTICLE XI.

AMENDMENTS TO THE CONSTITUTION.

SECTION I. No amendment or alteration shall be made in any of the articles of this constitution, except at the annual meeting next subsequent to that at which such alteration or amendment may have been proposed, and then only by the concurrence of two-thirds of the members in attendance.

BY-LAWS.

LAW I.

The State Medical Society of Arkansas, which convenes annually, shall be governed by the following rules and regulations:

LAW II.

ORDER OF BUSINESS.

1. The president, or next immediate officer, shall call the Society to order.

2. Report of the committee on credentials of members, after the latter have registered their names and paid their fees to the treasurer.

3. The calling of the roll.
4. The reading of the minutes.
5. Unfinished business.
6. Reports of committees.
7. Written communications.
8. New business.
9. Miscellaneous business.
10. The election of officers for the ensuing year.
11. Adjournment.

LAW III.

In case there is no quorum for the transaction of business, the delegates present may adjourn from day to day, or until the next annual meeting, unless especially called together in the meantime by order of the president, upon the written request of ten members of the Society.

LAW IV.

RULES OF ORDER.

SECTION 1. No question shall be subject to debate without a motion duly made and seconded, and stated by the chair. All resolutions shall be reduced to writing, if required by a member; the name of the introducer of each resolution to be entered on the minutes.

SEC. 2. Any member may call for the division of the question, if it contains two distinct propositions.

SEC. 3. A motion, with the consent of the second, may be withdrawn previous to its amendment, commitment or being put upon its final passage by the presiding officer.

SEC. 4. When a member desires to speak, he shall arise and address himself to the presiding officer, and confine his remarks strictly to the question under consideration.

SEC. 5. No member shall be interrupted while speaking, except by a call to order or for the purpose of explanation.

SEC. 6. All questions of order shall be decided by the presiding officer, subject to an appeal to the Society, in which case the member appealing, and then the presiding officer, shall give reasons, but no further debate shall be allowed.

SEC. 7. No member shall speak twice upon the same question without permission of the president.

SEC. 8. When a question is under consideration, no motion shall be received, except to adjourn, to lay the subject on the table, to postpone, to refer to a committee or

to amend; which several motions shall have precedence in the order in which they are named.

SEC. 9. A motion for adjournment shall always be in order, except when the Society is voting upon another question, or when a member is speaking.

SEC. 10. A motion to amend an amendment is in order, but not one to amend an amendment to an amendment. The question on the amendment shall be decided before that on the main question.

SEC. 11. No motion shall be received to postpone the motion under discussion for the purpose of introducing a substitute.

SEC. 12. Motion for postponement, to lay upon the table and for adjournment, shall always be determined without debate.

SEC. 13. A motion that has been negative cannot be again brought forward at the same meeting, except upon a motion to reconsider.

SEC. 14. No question shall be reconsidered except upon the motion of two members who voted with the majority when the question was decided, nor unless submitted at the meeting at which the same was discussed.

SEC. 15. When a blank is to be filled, the question shall be first taken on the largest sum, the greatest number and longest time.

SEC. 16. Two members may demand the yeas and nays on any question which is not required to be decided by ballot, and have them entered upon the minutes. The presiding officer shall, in such cases, always vote last.

SEC. 17. No order shall be taken upon the report of any committee except to refer it back to the committee, to lay it upon the table or to obtain the sense of the Society in relation to the resolution appended thereto.

SEC. 18. The presiding officer shall not discuss any subject while in the chair, but may assign his reasons for deciding a question of order. He shall have no vote except on a ballot or upon a call for the yeas and nays.

LAW V.

All questions of business before the Society shall be determined by a majority of the members present, and no member shall be excused from voting unless by the consent of the majority.

LAW VI.

Members of this Society, on removing to another State, shall be entitled to a certificate or final card, signed by the president and secretary.

Decisions of the Judicial Council upon the Question of Membership.

First Question. Are delegates from county and municipal medical societies members of the State Medical Society by virtue of their credentials alone?

Answer. The Constitution recognizes but one class of membership, and such membership only can be acquired by a ballot as provided for by Section 2, Article IV.

Second Question. Can delegates from district medical societies be received as such by the State Medical Society?

Answer. Delegates from district medical societies cannot be recognized by the State Medical Society by reason of the fact that its organic law recognizes only county and municipal medical organizations.

Third Question. Can a member of a county medical society, not a delegate from his county society, become a member of the State Medical Society?

Answer. Yes, if his qualifications do not conflict with Article IV. of the Constitution.

Fourth Question. Can a practitioner living in a county where no medical society exists become a member of the State Medical Society?

Answer. Yes, if his qualifications are in accord with Article IV. of the "Organic Law."

E. R. DUVAL, M. D.

Secretary Judicial Council.

[Adopted at Fifth Annual Meeting.]

QUESTIONS SUBMITTED BY DR. HURLEY.

First. May a county medical society, having a recognized membership in the State Medical Society of this State, receive as a member a graduate of an eclectic school, who is now practicing in accordance with the principles, and subject to the laws of the regular school, without receiving the censure of the State Society?

The Judicial Council decides—That each county, municipal and district medical society, in affiliation with this Society, is the judge of the qualifications of its own members.

Second. Can a medical society be legally compelled to admit applicants for membership under circumstances such as recited in the first question: and if so, is there any precedent of the fact?

The Judicial Council decides, unanimously—No.

QUESTION SUBMITTED BY DR. DUVAL.

Can a delegate, not a permanent member, vote upon an application for permanent membership in this Society?

The Judicial Council decides—No.

QUESTIONS SUBMITTED BY DR. DIBRELL.

The State legislature having passed an act to regulate the practice of medicine and surgery, authorizing certificates of qualification to be granted by county and State boards of medical examiners, the following questions are asked of the Judicial Council:

First. Would consultations with such licensed practitioners be in violation of the code of medical ethics?

The Judicial Council decides—That to consult with a nongraduate, even though holding a certificate of qualification from county or State boards, is in violation of the

letter and spirit of the code of ethics; still, there may be occasions when such consultation might be allowable, and so explained, should work no penalty.

Second. Are they eligible to membership in this Society?

The Judicial Council decides—Registration under the statute does not carry any additional qualifications for membership in this Society other than before existed.

W. B. WELCH,

President Judicial Council.

R. B. CHRISTIAN, *Secretary.*

[Adopted at Sixth Annual Session.]

Question. Does the expulsion of a permanent member of this Society from his county medical society, *ipso facto*, expel him here, that is, from membership with the State Medical Society?

The council decides—The constitution demands as a prerequisite to membership in the State Medical Society affiliation in a county medical society, if one exists in the county wherein the applicant or a member resides; if, therefore, his membership in the county society is severed by his own voluntary act, or by virtue of a trial on charges of unethical conduct, then, *ipso facto*, his relationship with the State Medical Society ceases.

On the petition of Dr. B. M. Hughes, of Eureka Springs, Ark., (see page 29), who petitions this Society for restoration to membership, the Judicial Council decides that—

Under its organic law this society has no power or prerogative to grant this request. We recommend, therefore, that the petition be presented to the Washington County Medical Society in the hope that it will take such action thereon as wisdom, prudence and justice may dictate.

In regard to the query: Can a person be a member of two municipal or county societies entitled to representation

in this Society? The Judicial Council decides—No. Dual membership is condemned alike in theory and practice.

E. R. DUVAL, M. D.,

Attest: *President Judicial Council.*

P. O. HOOPER, M. D., *Secretary.*

[Adopted at Eighth Annual Session].

Have professors in medical schools any more privileges in advertising themselves and their skill, by permitting newspaper reporters to publish their cases, than nonprofessors of this body?

The Judicial Council decides—No. Professors in medical schools, nor private practitioners of medicine or surgery have any such right. See code of ethics.

(Signed) W. B. WELCH,

(Signed) *Chairman.*

P. O. HOOPER, M. D., *Secretary.*

[Rendered at Ninth Annual Session].

The Mississippi Valley Medical Association.

[*Editorial, New York Medical Journal.*]]

The association's twentieth annual meeting held in Hot Springs, Ark., last week, was an event well calculated to make a deep impression on those in attendance, whether members or visitors. The impression would rest partly on the character of the meeting itself and partly on the abundant evidence displayed of a sympathy and cordiality between the medical profession and the people at large in the Southwest that, we fear, one would fail to find in the Eastern and Middle States. Then, too, unusual devotion to professional progress was shown by the presence of many a practitioner from remote districts who had gone through great difficulties to get to the place of meeting.

Concerning the meeting itself, it must be remarked in the first place that the programme was one of exceptional interest. It was so full, indeed, a person visiting the associ-

ation for the first time, and therefore unaccustomed to its ways, might well have doubted the possibility of getting through with it; but justice was done to it, thanks to the association's excellent rules and to the promptness and decisiveness with which the president enforced them—moreover, time was found for the reading of more than one paper that was not down on the programme, although the proportion of papers read by title by reason of their authors' absence was not in excess of what is ordinarily observed at a meeting of the sort. As to the character of the papers, if we take paper and discussion together, they were most instructive, and many of them—far more, indeed, than one would have expected—were of superlative excellence.

The evidence that we have alluded to of a striking sympathy between the medical profession and the community in general throughout the Southwest lay in the generous action of the transportation companies and the hospitality shown by the people of the entire region, especially those of Little Rock and Hot Springs. From as far east as Buffalo and Pittsburg unusually low rates were afforded. It is true, doubtless by inadvertence, the order by which they could be availed of in the regular way did not go into effect until a date so near the time of meeting that the few who started from these remote points, or from others still more distant, thought fit to take the risk of being obliged to forego its advantage by setting out in time to allow themselves a little leeway for making connections. For these few there was the temporary prospect of failing to profit by the arrangement that had been made, but those of them who knew the people of the Southwest were not worried, and they soon reassured their inexperienced fellow-pilgrims. Their expectation was not disappointed; the railway managers gave due heed to all properly authenticated statements and, we believe, remedied every real hardship. In particular, Colonel Snyder, of the "Big Four," is entitled to the thanks of visitors from the East. Not only did he devote much time

during business hours to enabling them to get the advantage of the reduced rates, but he personally entertained a party of them at breakfast in St. Louis on the return trip. For all who went to the meeting by way of St. Louis there was an "official train" of six sleeping cars that left the city on Sunday evening under the personal supervision of Colonel Townsend, of the Missouri Pacific Railway, who went on the train to Hot Springs, remained there through the meeting, and then took his two hundred or more friends, for such they had become at sight of him, so manifest were his carefulness and kindness, in safety and comfort back to St. Louis, where Colonel Snyder "did the rest."

The train arrived at Little Rock early on Monday morning, and there it was found that the citizens had provided an excellent breakfast for the company, also carriages wherein they were driven about so as to give them a view of the chief places of interest in the "City of Roses," and finally a dinner, after which the train proceeded on its way and reached Hot Springs before dark. Little Rock, it must be borne in mind, was simply on the route; its citizens had no selfish interest, direct or indirect, in the success of the meeting. Their action in the matter, therefore, was of pure hospitality, such hospitality as is, alas, seldom or never seen in the North. At Hot Springs itself, too, the citizens joined with the physicians of the place in giving the members of the association a ball and banquet, both of which were enjoyed to the utmost. In addition, there were receptions, riding parties, drives, and dinners to the full number that could be accepted. Although the season had not opened, three of the great hotels, unexcelled anywhere in their equipment and management, the Arlington, the Park, and the Eastman, placed their resources at the association's command; and, in particular, Mr. Hay, the genial manager of the Arlington, and his charming wife exerted themselves most untiringly to further the comfort and pleasure of the assembled company. Doubtless there is plenty of social en-

tertainment and diversion in connection with our Northern medical meetings, but rarely if ever the hearty, spontaneous hospitality that shone out in Missouri and Arkansas on this occasion. Mention of such matters would have no place in a medical journal but for the token they constitute of a tie between the doctors and their fellow-citizens of the Southwest, such as must be the *raison detre* of the Mississippi Valley Medical Association.—*Editorial, New York Medical Journal.*

Poisonous Patents in England.

[*Editorial Druggists' Circular.*]

In our September issue we reported an important judgment by the Court of Appeals of England, as to who may sell in that country proprietary medicines containing poisons.

It will be remembered that the Pharmaceutical Society had secured several decisions that such preparations could be sold by registered persons only; the difficulty still remained of legally determining what a poison really was.

A preparation, concerning which litigation ensued, contained only one-tenth of a grain of morphine in an ounce bottle of a mixture, the dose of which was a teaspoonful, and the decision in the judgment referred to was that such a proportion might prove fatal to an infant, and that being the case the mixture was a poison within the meaning of the law, one of its ingredients being mentioned in the official schedule of poisons.

It had been contended that any quantity, however small, of a scheduled poison, was a poison within the meaning of the law, and could not be sold either unmixed or mixed with other substances except by a duly qualified person, but the courts have not sustained this view. The definition given, as we have before pointed out, leaves a way open for litigation in every specific case, but it is apparently the best that can be arrived at.

The case under consideration had been appealed from the county court to the divisional court, and thence to the Court

of Appeals, from which the defendants had the right to carry it to the House of Lords. We are informed in recent issues of our English contemporaries, that this right has been abandoned by the defendants.

As the matter now stands, no person other than a registered pharmacist may sell in England any proprietary medicine containing a poison in appreciable quantity unless he is willing to fight a case through all the lower courts and take it finally to the House, as the judgment of the bodies under it have been practically uniform against the grocers and unqualified persons. The prospect of such final appeal is, probably, rather poor, but our English friends would doubtless like to see the contest made. It is wholly unlikely that it would end otherwise than in full support of the plain provisions of the pharmacy law.

Successful Treatment of Morphine Habit.

M. Comby has reported, says the *Lancet*, the case of a young woman, aged 22 years, who after an attack of pelvic peritonitis had contracted the habit of injecting subcutaneously 0.25 gram of hydrochlorate of morphine a day in twenty doses. When admitted to the hospital she had reached an extreme degree of cachexia. From the first day the daily dose of the drug was reduced to 0.06 gram, given in three doses. She was given at the same time a mixture containing 0.10 gram of sparteine sulphate, 0.50 gram of caffeine, and 0.50 gram of sodium benzoate, the whole to be taken in twenty-four hours. This daily dose was continued for about a month, when the morphine was totally discontinued. At this date the condition of the patient had undergone a complete transformation, and the improvement had continued up to the time of the report. M. Comby considered the case cured.

There remain but four months in which to prepare for the best meeting the Arkansas Medical Society has ever held. What are you going to do towards its success?

Send to the secretary of the State Society the names of reputable physicians eligible to membership in the Arkansas Medical Society.

Dr. P. O. Hooper has resumed practice in Little Rock limiting his work to consultation practice and disease of the mind and nervous system.

The Arkansas Society has two classes of permanent members—permanently active and permanently inactive. To which class do you belong? Join the higher class.

The pronoun "you" as used in reference to the next meeting is intended for *you* the member of the Arkansas Medical Society, who may be reading this JOURNAL.

There is no time limit on papers in the Arkansas Medical Society. A good paper is never long, and a poor one is never short. Try to write a long one, won't you?

The ex-presidents might arrange a symposium for the next meeting. There is a sufficient number of them; but as this is a sensitive subject with some, we will drop it with the above remark.

The only members of the Arkansas Medical Society who do the same thing for medical organization every year, are those who do nothing. Are you going to do the same thing this year? Members who do something vary their labors. Are you going to increase your efforts for the success of the next session?

The profoundest papers do not always produce the best results. It sometimes happens that large discussions from small papers grow, while learned writings cover the whole subject and leave nothing but commendation for the "very excellent paper." Won't you do your best? Your paper may be the foundation of the best discussion during the session.

Strontium Bromide in Gastritis.

An Italian physician says that strontium bromide is particularly valuable in gastric affections, especially acute catarrh, which, he says, shows anew the remarkably favorable action of the drug. Carselli uses a syrup made by dissolving 30 grains of strontium bromide in a mixture of one fluid ounce of syrup of bitter orange peel and $3\frac{1}{2}$ fluid ounces of distilled lettuce water. This amount is to be taken daily in three doses, during and after meals. It stops the vomiting and lessens pain. It is thought to act both directly upon the nervous system and as an antiseptic, arresting fermentation and thereby reducing the flatulent distension that gives rise to the pain.

Hydrogen Peroxide as a Hemostatic.

Brewer calls attention to the hemostatic property of hydrogen peroxide. He has used it to arrest hemorrhage after operation upon the nose and throat, and found it promptly effectual where other methods, including powerful chemical styptics and plugging, had failed. The ordinary 15-volume solution is to be applied, either on a cotton swab or sprayed directly upon the bleeding surface.

Every society has two classes of delegates—those who perform the duty they are delegated to do and those who delegate to others the work they ought to attend to themselves. What kind of a delegate are you going to be? Medical societies have no walking delegates. At least, such a position in a medical society would not be a financial success. If each member in the Arkansas Society will appoint himself a riding delegate, and as he travels through the country stir up interest in the approaching meeting, there may be standing delegates for a few minutes when the Society first convenes, but comfortable seats will soon be provided for all.

One of the severest criticisms of the defeated party at the last election was the remark that it was a party of "Be it

resolved" but when it came to "Be it enacted," it was not capable. In some remote way this remark suggested the resolution adopted by the Arkansas Medical Society: "Resolved second, That our JOURNAL shall give special attention to the subject of medical organization; and that a fund be placed at the disposal of the editor, to be used in a persistent effort to enlist every qualified physician in the State."

The editor has often reiterated that the only fund needed was the aid and coöperation of all the members of the Arkansas Medical Society. Now is the opportunity for each member of the Society to show his ability to illustrate the second meaning of the word "enact," which is "to carry out in act; to effect; to perform."

The race for priority in the introduction of the Kalu nut will probably result in a "Stearn" (?) chase.

Proprietary Remedy Agent.—Doctor, I suppose you have been using our wonderful remedy; it is a powerful vitalizer; it prevents waste; increases the red corpuscles, and—

Tired Doctor.—Yes, yes, I know, it does increase the sells.

What are the local societies doing? Let their secretaries answer through the JOURNAL.

Since the "bouncer" has become such a general attaché of saloons it might be well for physicians to quit saying it's a "bouncing boy."

In the coming year, may you prosper, doctor, as you cause your medical society to prosper.

The last question for 1894: "What have I done this year for the general welfare of my profession?"

The first resolution for 1895: "I am going to work for the good of my profession this year."

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NUMBER 4.

Medical Society Papers.

Address on Obstetrics and Gynecology.

BY Z. ORTO, M. D., PINE BLUFF, CHAIRMAN OF THE SECTION.

[Delivered to the Section on Obstetrics and Gynecology at the Nineteenth Annual Session of the Arkansas Medical Society.]

Mr. Chairman and Fellows of the Section on Obstetrics and Gynecology.

My remarks to you to-day on assuming the duties of presiding officer will, at least, have one merit—that of brevity. I tender you my heartfelt thanks for this additional honor you have seen proper to confer upon me.

I do not think it would be profitable or interesting to undertake to give you a history of obstetrics and gynecology, or even give a resumé of such matter as can be read in the current medical journals and books of the day.

I am pleased to note that at our former meetings so many young men have been present and participated in the proceedings and discussions. This is to my mind an object lesson, and speaks volumes for our improved understanding of, and methods of teaching these branches of our profession. Our teachers are now so familiar with gynecological work, and so well equipped, that they are enabled to point out to the student the diagnosis

and treatment of such cases with quite as much accuracy as that of any other disease.

Our young men are now enabled to take up the work where others have left off, and much will be expected of them. For one, I do not think it a crime to be young and qualified to do operations, and relieve the sick and afflicted, whether it be done in hamlet or city. We should, however, never for one moment forget to reverence and honor the memory and name of the great Sims and others who have gone before us, and have taught us all we know of this great field of usefulness, overcoming difficulties that were as mountains to mole hills compared to ours.

It was they who overcame the prejudice of the people and devised means of diagnosis, and laid the foundation for our treatment. I again say all honor to their names.

The practice of obstetrics is necessarily more or less routine, but much has been done and much remains to be done in the lying-in chamber, to limit the ills of woman and the work of the gynecologist. Clean hands, clean nurses and clean environments, are the first and greatest of importance and should never be neglected. Next in importance is the preservation of the perineum.

All gynecologists will agree that a ruptured perineum probably gives rise to as many if not more of the ills of woman than anything that occurs in the lying-in state. The long train of diseases and conditions due to inflammatory action of the tear—an avenue for sepsis—and the loss of natural support of the uterus and appendages, and the many aches and pains are almost numberless. Women can be delivered with but few cases where there is a tear of *any* degree; and when this accident does occur it should at once be repaired. The day is near at hand when no woman will be allowed to leave her puerperal bed with a lacerated perineum.

The obstetrical procedure, symphyseotomy, has been on trial, and at one time seemed to be preferable to craniotomy or Caesarean section, in cases heretofore demanding these opera-

tions. Recently we have been cautioned by Leopold, of Dresden, and if his advice is to be invariably heeded, its performance will be limited and cannot be of great value in general. After declaring "it has given such brilliant results that it must now be regarded as a most valuable addition to the therapeutic measures at our command" he adds: "Nevertheless, it never can and never ought to become generalized, or to be substituted, in the hands of the general practitioner, for perforation or turning, for its dangers are great and not to be underestimated." After telling us that symphyseotomy is preferable in cases of narrow pelvis to perforation, if it can be done in a hospital, he says: "If, however, in case of narrow pelvis of this kind the practicing physician is forced to manage the labor himself and to assume alone the entire responsibility of the issue, he should not undertake to perform symphyseotomy or the Caesarean operation, but rather, when all other measures have proved of no avail, proceed at once to perforation of the living child, consoling himself with the knowledge that he has done the best he could—preserved the life of the mother." I cannot, in the light of passed events, agree with this most respected and eminent authority, that such work can alone be done successfully in a hospital.

The country doctor's knowledge of antisepsis, and of the anatomy of this operation, together with a full realization of its dangers, viz, hemorrhage and injury to the vagina, is equal to our more favored brethren of the hospitals, and I am sure we will not feel that Leopold's advice will entirely prevent us from action. Sims, Batty and others of their brains and genius, had no hospital when they led the way to that eminence of success attained by few, if any. We were once told, and are yet told, that we must not open the peritoneal cavity outside of a well regulated hospital. I have only to say to you to look at the records of this section, and you will see that the work of our own members, done in hovels and homes, will compare favorably with that of others.

I make no war on hospitals, they are a blessing to the sick and a great convenience and aid to the physician, but what I would impress upon you is that we are not to heed advice that may result in the unnecessary loss of life, though it be the unborn babe, because, forsooth, we have no hospital at our command.

Uterine drainage for the relief of many diseases of this organ and the fallopian tubes, continues to hold a high place, but I am not prepared to agree with some of our more recent writers when they announce that dilatation of the uterine canal and continuous drainage is all we have to do to cure diseases of the fallopian tubes, even pyosalpinx, although I have seen one case when, after free dilatation, pus escaped from the tubes through the uterine canal, and the patient made a good recovery.

Gentlemen, again thanking you for the honor you have bestowed upon me, I will not occupy your time, but will now leave your entertainment to those with greater ability.

Empyema of Three Years' Standing, Treated by Resection of the Rib.

BY J. D. SOUTHARD, M. D., FORT SMITH.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

Empyema is probably much more prevalent than we suppose and its treatment is and must ever be, a matter of the greatest interest and importance, both to the physician and the surgeon. It is most always a result of suppurative pleurisy and is purely a surgical affection. Its early diagnosis is obviously of the greatest importance, and to this end, in cases of doubt, the aspirating needle should be used unhesitatingly as a means of diagnosis and also as a therapeutic agent and if used aseptically it is entirely harmless and attended with very little pain.

While many cures have been reported by aspiration, when performed early, it is not to be trusted in chronic cases and should not be much relied upon in any stage of the disease, since should it fail to cure, just so much valuable time is lost. Thorough drainage, as has been abundantly proved, is the only thing to be relied upon and should be secured early, either by free incision or by resection of a rib.

In chronic cases, the latter will undoubtedly give the best results. An interesting case came under my care recently.

The patient was a young man 19 years of age, presenting the general appearance and some symptoms of one in the last stage of consumption, in fact several good physicians had so diagnosed and prognosed his case. He was coughing and expectorating large quantities of very offensive pus and was extremely weak and emaciated. From his mother I obtained the following history: Three years previously he had pleuro-pneumonia, followed by chills, fever, anorexia and loss of flesh and strength, accompanied by cough, expectoration and pain and soreness in the right side. During those three years he had consulted and been treated by thirteen different doctors, some of whom lived at Magazine, some at Boonville, and some at Huntington, and some at Fort Smith, most of whom told him he had consumption and that very little could be done for him, and as before intimated I was ready at first glance to concur with them as to both diagnosis and prognosis. The right side of his chest was flat showing collapse of right lung. There was dullness on percussion, and tenderness extending from the fourth rib down to the crest of the ilium both in front and posteriorly. The liver was apparently much enlarged and very painful on pressure, auscultation and percussion showed the left lung to be healthy and its capacity apparently much increased.

Fluctuation was felt below the right nipple and there was a fluctuating swelling posteriorly just over the crest of the right ilium from which about 2 ounces of pus mixed with air bubbles, was drawn with aspirator. The needle was also introduced in front between the fifth and sixth ribs but passed, I

suppose, above the pus cavity. It entered a very firm substance which afterwards proved to be the remains of the collapsed lung.

Fluctuation in this locality soon became more prominent and a free incision was made, through which about half a gallon of foul pus escaped. Simultaneously with this discharge, his cough and expectoration ceased and he began to gain flesh and strength.

This incision was kept open for several weeks, but it was evident that the cavity was not being thoroughly drained so it was allowed to close. A few days later fever and pain developed and he was sent to the hospital. A three inch incision was made over the sixth rib and one inch of the rib removed subperiosteally with bone forceps. The cavity was opened and a large quantity of pus escaped. Upon introducing my finger into the cavity the remains of the collapsed lung could be felt, appearing as hard as a fibroid and occupying the anterior portion of the cavity. An irrigating curette was introduced and the cavity curetted and irrigated with sterilized water, two good size drainage tubes were introduced and a thick aseptic dressing applied. Drainage has since been good, gradually decreasing in amount. The boy is rapidly gaining flesh and strength. The upper portion of the lung is well filled out again and the prospects for his ultimate recovery seem good.

Had this operation been done early in the case there is little doubt but that a speedy and permanent cure would have resulted and the patient would have been spared much suffering.

After having finished the above report, I received a journal containing a very interesting report based upon 141 rib resections for empyema by Dr. Carl Beck, of New York. He strongly advocates resection in all cases after pus has been demonstrated with the exploring needle. He mentions no case of as long standing as the one I here report and in only four of his cases—all fatal—was the pus offensive. There were only eight other deaths, five of which were from tuberculosis. All of the cases (63) in which the diagnosis was made early, re-

covered. This is certainly a remarkably good showing and furnishes the strongest possible argument in favor of rib resection.

A Modified Hotz Operation.

BY FRANK VINSONHALER, M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

The almost universal existence throughout the South of neglected and persistent cases of chronic granular lids, leads, in a great many instances, to the condition in the upper and lower lid, or both, known as entropion. The results of this condition are known to most of my audience. You have all seen, doubtless, cases in which entropion existed with a chronic inflammation of the ocular conjunctiva and accompanying pannus, photophobia and great impairment of vision.

In a paper read before the Surgical Section of this society, during last June, I described the pathological changes which occur as a result of the contraction of the inflammatory connective tissue underneath the mucous membrane of the lids; the accompanying contraction of the tarsal cartilage; the destruction of the mucous glands, and the consequent incurvation of the lids.

For this condition a variety of operations have been devised. Of these perhaps the most popular is the one performed by Dr. Hotz, of Chicago. This operation consists in excising a strip of skin, 2 mm. in width along the upper border of the tarsal cartilage in the upper lid. Subsequent to the removal of the skin, a careful dissection of the underlying fibres of the orbicularis muscle is performed. Three needles, each armed with a double thread of antiseptic silk, are carried 2 mm. from the lower margin of the wound, through the upper border of the tarsal cartilage, out again, transfixing the upper flap of the epidermis 1 mm. from the line of incision; the depth of the sutures introduced depending on the amount of

curvature of the lid and the consequent correcting effect desired. These sutures are drawn sufficiently firm to secure a perfect and uniform coaptation of the lid and the wound margins.

The beauty of the mechanism in this operation is, that by traction it causes the eyelashes again to assume their normal position; restores the natural curve to the lid, and secures a firm base in the cicatrix including the upper portion of the tarsal cartilage.

The reasons for this will be understood from the fact that the failure of so many operations is due to the elasticity of the skin; the drawing down of the tarsal cartilage reproduces the same condition and renders necessary the performance of another operation.

Another ingenious operation—one performed largely on the continent, is the operation of Jaesche Arlt. This consists in making the longitudinal incision along the free margin of the lid to the depth of $1\frac{1}{2}$ mm.; the line of incision being made directly between the mouths of the meibomian follicles and the eyelashes. The next step consists in the excision of a strip of epidermis 2 to 3 mm. wide, and 2 mm. removed from the edge of the lid. This wound is now united by three silk sutures; and by reason of traction, the eyelashes and the strip of epidermis containing the hair bulbs are rotated outwards and upwards. These sutures are allowed to remain for four days, by which time union has occurred and their removal becomes necessary. The results of this operation are in many cases beneficial, but in severe, obstinate cases of incurvation of the tarsal cartilage, the operation fails, by reason of tearing out the sutures or a want of resistance of the upper flap.

It occurred to me that a combination of the best features in the two methods would be desirable in some severe forms of entropion; I, therefore, following the method of Hotz, excised the 2 mm. flap along the upper margin of the tarsal cartilage, removing the orbicularis, brought the wound margins together with deep sutures, as described in detail in the preceding

Hotz operation. Previous to closing the wound, an incision was made, $1\frac{1}{2}$ mm. in depth, along the whole of the lid margin and directly between the mouths of the meibomian follicles and the hair bulbs. This incision in every instance is extended carefully until the entire curvative margin is freely divided.

The line of after-treatment in these cases consists in making applications of iced cloths, in order to lessen the amount of inflammatory reaction and oedema, which would produce severe tension upon the sutures. The operation can be done under cocaine. The instillation of a 4 per cent solution should be made three or four times, at intervals of from three to five minutes, into the conjunctival sac, accompanied by two or three hypodermic injections along the proposed line of incision. This renders the operation in many cases painless; in others, however, the use of chloroform anaesthesia is necessary.

The precautions in the operation are these: Be careful to excise completely the underlying fibres of the orbicularis muscle, to pass the sutures through the upper margin of the tarsal cartilage; otherwise the resistance obtained by the cicatrix—which should include firmly the wound margins and the tarsal cartilage—will not be obtained.

The advantages claimed by the writer for this modification of the Hotz operation, is the introduction of the intermarginal incision along the border of the lids, which incision allows a more perfect rotation of the eyelashes outward, at the same time exerts a sufficient amount of traction upon the lower margin of the tarsus to reproduce again its normal curvature and position.

The writer has had an opportunity of verifying this observation upon a number of cases operated upon in the clinic of the medical department of the Arkansas Medical University, and also in private practice and he feels confident that this modification represents a decided step in advance and commends it to the judgment of the profession as the best method of dealing with these troublesome and intractable cases of entropion requiring surgical interference.

THE
JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY.

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The Journal claims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

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VOLUME V.

JANUARY, 1895.

NUMBER 4.

Editorial.

**Should Membership in the State Society be
Made Obligatory Upon Members of
County Societies?**

An esteemed member of the State Society who is always working for the general welfare of the medical profession has written the editor a letter from which the following is reproduced:

"There is one feature of the proposed constitution and by-laws as published in the JOURNAL which, if I understand it correctly, I fear will not be popular, namely, *the making of membership in the State society and the payment of full dues obligatory upon all members of the county societies.* There are many good and active members in the county societies who would possibly feel it too burdensome to pay full dues to the State society which they do not feel able to attend. Would it not therefore have the effect to drive some of them out of the county societies when their presence and help is now essential to the life of the local societies?

"If you see anything in this suggestion or if it should prove objectionable, two remedies suggest themselves. The first is to change the constitution and by-laws so that the dues of members who are not now members of the State society and do not attend its meetings shall be \$1, they to receive the JOURNAL.

"The second is to submit this feature of it to the various county societies and obtain an expression from them before the meeting of the State society. If it should receive the indorsement of a majority of the county societies in its present shape the others would fall in line with better grace than if they had no voice in the matter."

In the outset it must be understood that the constitution referred to is only a proposition and will not become the organic law of the society unless two-thirds of the members present vote for its adoption.

Since the organization of the society all members of county societies have been entitled to representation in the State society while only members of the latter paid dues. Each county society has been entitled to one delegate for every five members regardless of the number of its membership in the State association. So it will be seen that the State association is really the creation of the county societies and all of its legislation is controlled by their delegates except in the few instances where there are members of the State society in some counties

but not a sufficient number to constitute a local organization. It is plain therefore that no alteration of the present constitution can be made unless the county societies through their delegates assent to it.

When the proposed constitution was published it was with the understanding that its provisions would be thoroughly canvassed by every local society and such changes as might seem desirable would be suggested and voted upon when the subject comes up for final action.

The idea of the revisers of the constitution was to make the *county societies* members of the State association and to assess each *society* at the rate of three dollars per annum for each of its members. The method of raising this assessment can be devised by each society, either by annual assessment, monthly dues, or by any other method that may be feasible.

It might not be out of place here to state that some of the county societies have observed the practice of paying the expenses of their delegates to the meetings of the State society.

As to the payment of dues, it would be more equitable under the proposed plan than under the present system. Take for example, Pulaski County. The Little Rock Medical Society has on its roll forty-seven names; of these thirty-five are members of the State society and pay dues aggregating \$175. Under the new provision the society would be assessed at the rate of \$3 for each member, which would be a total of \$141. The object of the change is to get into the State society all of the "good and active members of the county societies who would possibly feel it too burdensome to pay full dues to the State society which they do not feel able to attend," and nothing should be done "to drive them out of the county societies when their presence and help is now essential to the life of the local societies."

Surely the local societies can arrange the matter of assessment in such a way as to retain every good member and bring them into the fellowship of the State organization and without in any way giving offense.

Certainly every local society should thoroughly consider the revised constitution and suggest to their delegates such changes as would in their judgment improve the medical organization of the State.

The JOURNAL invites further discussion of this vital question and desires it to be understood that its views are not at all unalterable. Nothing but good can result from a full and free discussion of this question which should not by any means be decided hastily.

Needed Medical Legislation.

The JOURNAL believes the best change that can be made in existing medical laws is to incorporate with the present law creating a State board of health, the Illinois medical practice act, so that in addition to the duties defined under the act creating the board of health, it would be required to perform the duties of a State examining board. This would place the whole business of sanitation, statistics, examination, registration, etc., in charge of one board. Experience has demonstrated that the fewer the boards and simpler the machinery the better will the law be carried out and the more effectual will it be.

There ought to be enacted a statute providing that physicians called to testify as experts in behalf of the State should be paid just compensation. Under the recent decision of our supreme court the State has the power to take from physicians their hard earned knowledge and experience without paying more than ordinary witness fees.

Legalized Robbery of Physicians.

According to a recent decision of the Supreme Court of Arkansas the State may hold up a physician in its courts and compel him to give his knowledge to the State without compensation.

Dr. Flinn, a physician, was summoned to testify as an expert in a criminal case on behalf of the State. Before testifying he demanded his fees as an expert witness, but the court refused his demand and compelled him to testify.

Afterwards, Dr. Flinn presented a bill for \$150 to the county court for his attendance and testimony in said case. The county court disallowed his claim and so did the circuit court upon appeal. An appeal to this court was taken by Dr. Flinn.

Mr. Justice Riddick held: "The only question to decide here is whether an expert who testifies as such on behalf of the State in a criminal case may demand compensation in addition to the usual fees allowed witnesses in such cases.

In the absence of any statute allowing such fees we hold that a physician who testifies as an expert in a criminal case is not entitled to extra compensation from the county.

A physician cannot be compelled to make an examination or preliminary preparation, nor to attend the trial and listen to the testimony that he may be better enabled to give his opinion as an expert. For any service of this kind he may demand extra compensation; but such information as he already possesses that is pertinent to the issue he can be made to give, whether such information is peculiar to his trade or profession or not. Affirmed."

If the State can thus rob a physician it may be pertinent to inquire if in the practice of his profession a physician uses only his accumulated knowledge and experience in treating a given case can he recover for his services? The doctor's whole stock in trade is his accumulated knowledge and experience and it is not often that he has the time, nor is there necessity for his making special preparation to treat any particular case. If the State can demand his services under such circumstances, why cannot the individual?

According to the ruling of the supreme court it ought not to be robbery for a highwayman to hold up a traveler and take from him his ordinary possession; only in the case that he

takes from him something that he has made special effort to obtain should he be held for a crime.

Such is law in Arkansas. In Russia an edict requires physicians to attend all cases for which application is made. It fixes his fees and requires that they be paid. Such is the law in Russia.

Read the Advertising Pages of This Journal.

The JOURNAL has received a letter from a large manufacturer of chemical products, from which this quotation is made: "We have decided not to extend our advertising," (in medical journals) "but instead to increase our force of representatives for sampling and interviewing physicians, as we believe the busy physician scarcely has time to read the journals that he subscribes for, and if he does do so he will not even glance over the advertising pages."

This is curious. A doctor who has not the time to read the journals he subscribes for or even glance at the advertisements will have plenty of time to listen to lectures on biology, chemistry, *materia medica*, therapeutics, pharmacy, meteorology, etc., etc., etc., etc., by traveling representatives of pharmaceutical firms.

These traveling gentlemen are clever men as a rule, and their occasional visits are not objectionable. They are working for their living and are entitled to all the courtesy that physicians can show them. But if their number is to be increased and their samples multiplied, the doctors might as well make arrangements for larger waiting rooms and warehouses of large proportions.

The JOURNAL only desires to state that many of its readers are directly interested in its prosperity. They ought to read it through every month, advertisements and all, and then, following the law of reciprocity, patronize those who favor their journal. This is business.

Editorial Notes.

If all the members of our society who have been honored by election to office during the twenty years of its existence will attend the next meeting what a splendid gathering it will be!

If all the members of the society who have paid into its treasury one hundred dollars in annual dues will attend the next session what a notable reunion that will be!

The twentieth anniversary of the organization of the Arkansas Medical Society will be held at Little Rock, May 1, 1895. Every charter member ought to make strenuous efforts to be present.

The legislature provides ministers of the gospel at \$3.50 per day to nurse sick members. The ordinary charge of a trained nurse is \$3 per day. It is hardly to be expected that the same legislature will make any appropriation for a State board of health.

The JOURNAL will be mailed the next three months free to all members of county societies and to all physicians who contemplate joining the State society at the next meeting. Please send the names at once.

February, March and April are the three months to come and go before the next meeting. There is no time for idleness. The section officers must go to work in earnest and induce members to write papers. There should not be too much formality in soliciting papers. Write personal letters and keep hammering away until the good work shall be accomplished. Make it a personal matter all around. Prevail on friends to attend society meetings. Ask them to write papers and to come with you to the State society on May 1.

The Arkansas Medical Society.

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The Time of the Next Meeting—Wednesday, the first day of May, 1895.
The Place of Meeting—Little Rock, Ark.

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January, 1895.**

[Members will confer a favor upon the Secretary by reading carefully the list of members and informing him of any inaccuracies that may be noticed either in their own names or those of others that are known to them.]

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Vance, A. J..... Harrison Vanderbilt University.

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Bourland, O. M. Van Buren University of Nashville.

Dibrell, J. A., Sr. Van Buren University of Pennsylvania

Dibrell, M. S. Van Buren Med. Department A. I. U.

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DREW COUNTY.

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Hall, B. A. Monticello Ky. School of Medicine.

Loper, F. M. Monticello Ky. School of Medicine.

Pope, M. Y. Monticello Jefferson Medical College.

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- Sager, L. A. Rocky Comfort...Bellevue Hosp. Med. Col.

LOGAN COUNTY.

- Deffenbaugh, W. B....Paris Starling Medical College.
 Merritt, T. D. Magazine.... University of Louisiana.
 Powell, E. T. Magazine.... (Com. on Cred. failed to
 record *alma mater*.-ED.)

- Shibley, J. S. Paris... University of Nashville.
 Sipe, J. N. Booneville..... Vanderbilt University.
 Smith, J. J. Chismville Memphis Med. College.

LONOKE COUNTY.

- Beakley, N. B. England Med. Department A. I. U.
Fletcher, J. P. Lonoke Charity Hospital Medical
College, 1876.
Granberry, G. W. Cabot. Memphis Hosp. Med. Col.
Ross, R. N. Lonoke University of Nashville.

MARION COUNTY.

- Brooksher, W. R. Yellville. Ky. School of Medicine.

MILLER COUNTY.

- Brown, John. Texarkana. St Louis Col. of P. and S.
Spearman, W. C. Texarkana. University of Louisville.

MISSISSIPPI COUNTY.

- Dunavant, H. C. Osceola. University of Nashville.
McGavock, F. G. McGavock. University of Nashville.
Prewitt, R. C. Osceola. Ky. School of Medicine.

MONROE COUNTY.

- Bailey, W. T. Clarendon. Louisville Med. College.

NEVADA COUNTY.

- Armistead, E. R. Prescott. University of Louisville.

OUACHITA COUNTY.

- Henry, J. T. Millville. University of Nashville.
Hudson, G. W. Camden. University of Maryland.

PHILLIPS COUNTY.

- Burke, F. Noel Helena. Ohio Medical College.
Fink, M. Helena. Missouri Medical College.
Horner, A. A. Helena. University Pennsylvania.
Hughes, A. J. Barton. Louisville, Kentucky.
Linthicum, D. A. Helena. St. Louis University.
Linthicum, T. C. Helena. Ky. School of Medicine.
Russworm, W. C. Latour. Louisville Med. College.
Shinault, E. R. Helena. Tulane University.
Vineyard, J. H. Vineyard. Jefferson Medical College.

POPE COUNTY.

- Drummond, R. M. Russellville. Vanderbilt University.
Hill, W. H. Russellville. University of Louisville.
Kirkscley, C. L. Dover. Atlanta Medical College.

Ruff, D. P. Dover Nashville Medical College.
 Westerfield, J. A. Atkins University of Louisiana.

PRAIRIE COUNTY.

Flinn, B. W. Des Arc Memphis Hosp. Med. Col.
 Hipolite, W. W. DeValls Bluff....University of Michigan.
 Lynn, J. R. Des Arc Memphis Hosp. Med. Col.
 Owen, W. P. DeValls Bluff....Col. Physicians and Surg.
 Williams, W. F. Hazen Memphis Hospital Col.

PULASKI COUNTY.

Bentley, E., U.S.A. Little Rock N. Y. Col. Phys. & Surg.
 Bond, J. B. Little Rock St. Louis Medical College.
 Breysacher, A. L. Little Rock Missouri Medical College.
 Cantrell, G. M. D. Little Rock Vanderbilt University.
 Christian, R. B. Little Rock University of Virginia.
 Dibrell, E. R. Little Rock University Pennsylvania.
 Dibrell, J. A., Jr. Little Rock University Pennsylvania.
 Dickinson, P. Little Rock Missouri Medical College.
 Gibson, L. P. Little Rock Jefferson Medical College.
 Gray, C. S. Little Rock St. Louis Medical College.
 Gray, D. A. Little Rock University Pennsylvania.
 Hancock, J. I. Argenta. Med. Department A. I. U.
 Hooper, P. O. Little Rock Jefferson Medical College.
 Howell, A. R. Argenta. Jefferson Medical College.
 Hudspeth, G. W. Little Rock Memphis Hospital Col.
 Illing, W. P. Little Rock Med. Department A. I. U.
 Jennings, R. G. Little Rock Maine Medical College.
 Kempner, S. H. Little Rock..... Bellevue Hosp. Med. Col.
 King, S. Little Rock University of Louisville.
 Lenow, J. H. Little Rock Jefferson Medical College.
 Lindsey, R. W. Little Rock. University of Nashville.
 McAlmont, J. J. Little Rock Cleveland, Ohio.
 Meek, E. Argenta. Kansas City Col. P. and S.
 Miller, W. H. Little Rock Bellevue Hosp. Med. Col.
 Nash, C. E. Little Rock N. Y. Col. Phys. and Surg.
 Pipkin, J. W. Little Rock Med. Department A. I. U.
 Prather, D. J. Little Rock Louisville Medical College.

- Scott, A. H. Little Rock Jefferson Medical College.
Southall, J. H. Little Rock University of Louisiana.
Stark, L. R. Little Rock New Orleans School Med.
Thompson, Wm. Little Rock University of Louisville.
Vinsonhaler, F. Little Rock Bellevue Hosp. Med. Col.
Watkins, C. Little Rock Jefferson Medical College.
Weny, N. Little Rock St. Louis Col. Phy. & Surg.

ST. FRANCIS COUNTY.

- Cason, W. R. Forrest City Jefferson Medical College.

SCOTT COUNTY.

- Sanford, A. A. Waldron Vanderbilt University.

SEBASTIAN COUNTY.

- Amis, J. C. Fort Smith University of Louisville.
Bailey, W. W. Fort Smith University of Michigan.
Brewster, A. L. Huntington Vanderbilt University.
Eberle, J. G. Fort Smith Ky. School of Medicine.
Hatchett, B. Fort Smith Vanderbilt University.
Gardner, D. M. Fort Smith Missouri Medical College.
Hynes, Geo. F. Fort Smith Cleveland Med. College.
Johnson, D. T. Fort Smith Bellevue Hosp. Med. Col.
Johnson, F. W. Fort Smith Missouri Medical College.
McConnell, J. W. Huntington Med. Department A. I. U.
McGinty, John. Hackett Ky. School of Medicine.
Moulton, H. Fort Smith Chicago Medical College.
Saunders, L. L. Fort Smith Med. Dep. U. Georgia.
Southard, J. D. Fort Smith University of Louisville.
Wright, T. J. Fort Smith St. Louis Medical College.

SEVIER COUNTY.

- Smith, Ferdinand. Lockesburg Medical Dept. Iowa S. U.

SHARP COUNTY.

- Johnston, John. Sidney. Ky. School of Medicine.

STONE COUNTY.

- Blair, R. S. Mountain View. Vanderbilt University.

WASHINGTON COUNTY.

- Blackburn, T. W. Fayetteville Med. Department A. I. U.
Christian, D. Elm Springs St. Louis Medical College.

Henderson, A. G.....Fayetteville Missouri Medical College.
 McCormick, E. G.....Prairie Grove....Missouri Medical College.
 Webster, J. W. Cincinnati Missouri Medical College.

WHITE COUNTY.

Cleveland, J. C. Bald Knob Missouri Medical College.
 Jelks, J. M. Searcy University of Nashville.
 McIntosh, R. A.....Beebe University of Louisville.
 Moore, L. E. Searcy Vanderbilt University.
 Stayton, D. H. Searcy University of Louisville.

WOODRUFF COUNTY.

Jelks, L. A..... McCrory Vanderbilt University.

County Societies.**Phillips County.**

HELENA, ARK., January 3, 1895.

The Phillips County Medical Association was convened at the city hall, President Dr. M. L. Pearson, presiding. On roll call the following members were found to be present, viz: Drs. F. N. Burke, D. A. Linthicum, A. A. Hornor, J. H. Vineyard, M. L. Pearson, M. Fink, H. M. Thompson, J. W. Bean.

The minutes of the previous meeting were adopted as read.

The treasurer's annual report was read and referred to committee on investigation.

The secretary's annual report was read and on motion it was embodied in the minutes of this meeting. It was as follows:

HELENA, ARK., January 3, 1895.

To the President and Members of the Phillips County Medical Association.

GENTLEMEN—The whirligig of time has brought another cycle of events in the history of our organization to a close.

The year that has passed shows by perusal of its monthly proceedings, that our deliberations, our actual doings and achievements have been in accord with the wishes of its founders.

So that to-day we close the twenty-third and open the twenty-fourth chapter of its existence, proud of its past and present, and hopeful of its future.

While clouds in the horizon grew dark and hung low several times during the past year, in that several of our best members were threatened to be cut down by the Grim Reaper from a life of usefulness to the community and this Society in particular, it now gives us pleasure to state that "all's well."

The loss by removal to another scene of professional usefulness to a sister Southern State, of one of the society's oldest, truest and best members during the past year was the cause of much regret to the society as a whole, and to members individually. As a token of such regard, the name of Dr. B. C. Goodwin was placed on our honorary list.

The society now numbers eleven active members.

The meetings during the year have been well attended. The discussions on medical and surgical subjects have been mutually beneficial, and what, I think, may be regarded of great good, which is an improvement over several past years, are the papers prepared and read before the society. This brings such members and the society up to date upon the subjects treated; makes the author and members more fully conversant with the subject in its entirety; is therefore productive of a higher type of discussion and teaches him to formulate his own thoughts to their fullness and in elegant diction.

As a scientific body, as a social body, the association is fulfilling its mission. It stands "A 1" with the people of the county and with medical organizations throughout the State, as has been noted before, and which was so strikingly attested at the last meeting of the State Medical Association.

So long as we continue in the path we are treading and have no cause for internal dissension, we need fear no foes to

medical organization from without; our prosperity is our strength.

With the wish which is father to the thought that our ship of medical organization may sail on strong and great, and that as the years roll along, prosperity may be duly recorded, and that when we shall have reached the down hill of life this mighty weapon may be handed down to those who will use it in the continual upbuilding and ennobling of the profession.

With these brief and cursory sentiments feebly expressed, the secretary's annual report is brought to a close.

M. FINK, M. D.,

Secretary.

The memorial of the Eureka Springs Medical Society, asking physicians to indorse a bill to be brought up in the State legislature, to enable physicians to collect their bills, was read and discussed. It was decided that no action be taken by the society in the matter, in that the passage of such a law would be in conflict with the exemption law, and furthermore, that it savors of pernicious class legislation.

Dr. Bean, according to programme, read his paper, "Erysipelas and its Treatment." The etiology, clinical history and treatment of the disease up to date was described.

On motion the paper was received, subject to any alterations its author might choose to make. Its discussion was deferred until the next meeting on account of the lateness of the hour.

The president appointed Dr. Hornor to read a paper at the next meeting.

This being the meeting for the election of officers, the following old officers were unanimously reelected for the ensuing term: President, Dr. M. L. Pearson; vice president, Dr. F. N. Burke; secretary and treasurer, Dr. M. Fink.

Dr. Pearson thanked the members of the society for the honor conferred in reelecting him president; for their cordial support during the past year, which had made this such a prosperous year in its history; and predicted that if the same

spirit was shown during the coming year, similar prosperity could be duly recorded. On motion the society adjourned to meet at the regular time and place.

M. L. PEARSON,
President.
M. FINK,
Secretary.

Miscellany.

Fin de Siecle Medical Schools and Hospital Management.

To the Editor of the Medical News:

DEAR SIR—As the century wanes, along with the plague of seventeen-year locusts and serpentine dancers, comes the advertising hospital.

The "regular" medical profession of New York, as you probably know, is, like Gaul, divided into three parts: "Old coders," who only consult with each other; "new coders," who consult with anybody, and "no coders," who—well, this name is hardly appropriate, for they have a code, conspicuous for its simplicity and comprehensiveness. It is "every man for himself and the devil take the hindmost;" and it begins to look as though the poor, East-side physician of New York was the one thus relegated to the caloric custody of the evil one.

The New York Post-Graduate Medical School and Hospital was located in a part of the city already well supplied with hospitals and dispensaries, and teeming with reputable and struggling medical men. It has recently completed and opened with considerable flourish "a large six-story, fire-proof structure, of 98 feet frontage, and 110 feet in depth, with accommodations for 195 patients and 250 matriculates," and a dispensary of unlimited capacity. Recent events seem to indicate that the hospital, in its new and fire-proof garb, is beginning to appreciate its redundancy, and one can almost hear the multitudinous

attending staff clanking through the empty wards which should resound with the yelp of the colicky child, while the humble interne dodges behind, sniffing the air thus far at least aseptic.

Indications point to the babies' wards as the chief sufferers from vacuity and ennui; and who can think, without pain, of the spotless diapers, fluttering with suppressed desire to be the first on which some incipient Turner shall execute his maiden study in meconium yellow?

By indications, I mean advertisements in the daily press.

The *New York Daily News*, Thursday, December 6, 1894, contained the following advertisement:

"The babies' wards of the New York Post-Graduate Hospital, corner Second Avenue and Twentieth Street, are reopened for Medical and Surgical Diseases of Infants and Young Children (contagious diseases excepted); no charge to poor. Cases admitted by House Physician in Babies' Reception Wards of Dispensary Department between 9-12 a. m. and 5-6 p. m."

Then follows another advertisement for lying-in women, closing with the legend, "Doctors furnished at any hour, night or day," which reminds one of the card seen on ice-wagons, "Good work-horses to let by the day or week." This offer would seem to imply that East-side doctors were too busy to answer calls during the day, and either disconnected their door-bells at night or slept away from their offices in a palatial residence on Riverside Drive.

Now, these advertisements are no East-side joke, nor are they inserted to help along a struggling paper. The hospital needs babies to cheer its sunny, fire-proof wards with colicky coo and vivacious vomit, and something must be done also to limber up the long forceps and cephalotribe which hang rusting on their pegs.

Why this apparent dearth of vernal humanity? Why this coyness in a region where the very air is rendered fertile by gas works and garbage-strewn streets?

If an advertisement the hospital must have, it is well placed, as in an adjoining column are advertisements of cheap mid-

wives (?), "reliable on female irregularities," "successful in female complaints," who guarantee "perfect safety," "privacy," and, much to the disadvantage of the hospital, "adoption of infants." In the column on the other side, "Old" Drs. Smith, Gray and Grindle, and Drs. Hallett and Hawker make promises which no incorporated institution can rival or equal. They guarantee to strengthen "weak organs," to render plump "shrunken organs," and to magnify "undeveloped organs." They promise to restore "vigor" and "lost manhood;" they correct "errors of youth," and remove "impediments to marriage," as well as "shyness" and "blotches."

It strikes me the hospital is handicapped at the start by its neglect to promise the "adoption of infants" and the sure cure of "scalding" and "trembling," "redspots" and "restless nights."

To apologize for advertising on the plea of informing the poor of the purposes of the hospital would be disingenuous. The poor and, still better, the medical beats of New York know full well the uses of hospitals and dispensaries, and are also sharp enough to take advantage of the premium on clinical material. Few patients, particularly if they have an interesting complaint, need pay for expert advice or treatment nowadays, so numerous and hungry are the various clinics. The forty-eight hospitals of New York City do not advertise, yet in 1893 they treated in their wards 78,945 patients. Neither do the thirty-three dispensaries advertise, except for charitable contributions; still, in 1893, they treated 626,160 patients, showing conclusively that the class for which charitable medical institutions are built need not be told their purpose in the daily press.

There are too many hospitals and dispensaries in our large cities; too many clinical professors. There is too much injudicious and undeserved medical charity. If a hospital cannot be filled without illegitimate advertising, it should be shut up. If a starving doctor should openly advertise, the Committee on Ethics of some Pharisee Medical Society would at once brand him as unclean, and he would be shunned by his fellows as a

leper. But a *body* of doctors can illuminate the ash-barrels, deadwalls and curbstones of a whole city with their posters, and can invade the advertising columns of the poor man's paper, alongside of abortionists, clairvoyants, and quacks, but to this the Committee on Ethics is blind. But why not? since in Committees on Ethics are generally to be found some of the most flagrant ethical offenders!

Little redress will the East-side physician be likely to get; but let him soliloquize with Cheney—

Who drives the horses of the sun
Shall lord it but a day;
Better the lowly deed were done,
And kept the quiet way.

R. W. AMIDON, M. D.

19 West Twenty-First Street, New York City.

—Medical News.

Preliminary Report on the Treatment of Variola by its Antitoxine.

[From the Weekly Abstract of Sanitary Reports U. S. M. H. S.]

WASHINGTON, D. C., January 15, 1895.

Sir—During the fall of 1893, while on special duty at the New York quarantine, application was made to Dr. Cyrus Edson, health commissioner, of New York City, for permission to visit the smallpox hospital on North Brother Island, for the purpose of making certain observations upon smallpox. Among these was the subject of this letter.

Since then, and until quite recently, my laboratory work and other duties have prevented me from availing myself of the opportunities offered in the smallpox hospital. During the past three weeks I have been able to accomplish something in this direction, and wish to place it before the medical profession for what it is worth.

Just previous to the reappearance of smallpox in this city I had made arrangements with Dr. Ralph Walsh, proprietor of the national vaccine farm, to conduct a line of inquiry concern-

ing the nature of vaccinia, and, while engaged in this, took advantage of the cases of smallpox to put a theory into effect. It has been already demonstrated by Maurice Raynaud and Sternberg that the blood serum of an immune animal destroys the potency of vaccine lymph. It had occurred to me, as well as to others, that this fact could be utilized in the treatment of smallpox by the injection of this serum in patients suffering with this disease.

Accordingly, on December 23, 1894, I took a liter of blood from a heifer calf which had been previously vaccinated on November 26. At the time of bleeding the local effects of the vaccination had disappeared, the animal to all appearances was sound and well. As soon as the blood was withdrawn it was taken to the laboratory, where on the next day about 350 c. c. of tolerably clear serum were drawn off.

A part of the serum was transferred to a small sterilized flask, while another part of equal quantity was passed through a special filter in order to remove the blood corpuscles and any chance bacteria which might have contaminated it.

About 35 minims of pure vaccine lymph (2 days old) was added to 2 c. c. of the filtered and unfiltered serum respectively. After a few hours' exposure, the serum was sent out to the vaccine farm and a small heifer was inoculated in the usual manner with each sample. The results were negative in both instances, demonstrating that the process of filtration does not affect its power. The substance which possesses this neutralizing power is soluble, and not confined to the corpuscular elements.

Accordingly I prepared a considerable quantity of this filtered serum and sent it to Dr. Elliot, the physician in charge of the smallpox hospital, accompanied with the request that he would use this serum upon such cases of variola as were in his judgment suitable for the experiment. It was suggested that the treatment be given to fresh cases before the stage of pustulation, for these I thought would react more favorably to the serum than older cases.

As a trial dose 15 c. c. were suggested, to be repeated within from eight to ten hours if there was no reaction or amelioration of the symptoms. It was, however, the opinion that a larger dosage would have to be given before such effects would be noticed.

It was suggested that a careful note should be made of the patient's condition before the administration of the serum, and accurate observation be made of the pulse, respiration, temperature, the presence or absence of albumen in the urine, and the condition of the eruption. It is much to be regretted by Dr. Elliot and myself that an opportunity did not offer to give serum to cases in the first stage of the eruption, whereas the treatment was confined to two which were in the pustular stage.

Being in telephonic communication with Dr. Elliot, we managed to discuss the cases from day to day, and make mutual suggestions as to the modification of treatment. Dr. Elliot kindly sends the notes of the cases under treatment and embodies therein his conclusions, drawn from his observations on the effects of the serum:

"SMALLPOX HOSPITAL, January 16, 1895.

My Dear Doctor—In accordance with your request, I here-with transmit the clinical notes of two cases treated with the vaccine serum which you so kindly furnished me:

Case 1. Male; negro; age 28; admitted to hospital December 21, 1894, under the diagnosis of variola malignans. His condition on admission was very unfavorable, the eruption confluent, accompanied with a high temperature and violent delirium. The temperature from December 21 to 28 varied from 103.6° F. to 99° F. During this time the temperature steadily declined, whereas the pulse and respiration remained high, the delirium continuing about the same; this was so violent at times that restraint became necessary.

On December 25 considerable hemorrhage occurred in the pustules, and there was much gastric irritation. On December 28, 10 a. m., the patient's condition was as follows: Temperature 99, pulse 120, respiration 32 and quite superficial.

Patient was conscious at times; very weak. A small quantity of urine passed, found to contain albumen 10 per cent per volume.

At this time 15 c. c. of the serum were injected subcutaneously, after having carefully disinfected the skin. At 11 a. m. the respiration became deeper, pulse stronger and fuller, temperature 99.6. Patient very thirsty. The œdema caused by the injection had entirely disappeared. At 2:30 p. m. another dose of 15 c. c. given; condition about the same; temperature 100, pulse 130, respiration 32; respiration deeper, pulse stronger; considerable expectoration. At 9 p. m. another dose of 15 c. c. given. At the time of the injection the skin over the face had become very dry, hard, and bleached, the skin in its texture resembling very much the appearance of an elephant hide. Temperature 99, pulse 120, respiration 28 and shallow; expectoration free and tinged with blood.

On the morning of the 29th another dose of the serum was given, the temperature 98, pulse 130, respiration 32. No urine passed during the past 12 hours.

The patient growing weaker—died on the morning of the 31st. No post mortem.

The total quantity of serum injected was 60 c. c.

Case 2. Negro; male; 20 years old; well developed, of strong constitution. Admitted to the smallpox hospital on January 5 under the diagnosis of variola. The eruption had appeared about five days before and covered the arms, chest, body and legs. His temperature (axillary) on admission was 99.8° F., pulse 98, and respiration 24. Had considerable bronchitis.

At 11 a. m. of the same day the patient was given 15 c.c. of the serum subcutaneously, injected at a point about 1½ inches below the nipple. During the process of the injection the patient became very much frightened, but experienced little, if any, pain. The urine on examination showed 8 per cent of albumen per volume. One hour after the injection the temperature registered 100.8, pulse 88, strong, respiration 24 and

deeper. At 5 p. m. of the same day 15 c. c. of the serum were injected. Temperature 102, pulse 90, full and strong, respiration deep and full; expectorating freely. 6 p. m., temperature 100.8, pulse 96, respiration 30. January 6, temperature 102.2, pulse 92, full and strong; respiration 24, of good depth. The patient complained of soreness at the point of injection.

Quite a noticeable change occurred in the pustules, which appeared to be losing their moist character, having an inspissated appearance, and quite a number of very small new pustules appeared in the healthy skin.

3 p. m. Patient in a profuse perspiration; temperature 99.4, pulse 88, respiration 28; urine showed a marked decrease in the quantity of albumen. Thirty c. c. of the serum were administered. About one-half hour after this injection the patient complained of a difficulty in breathing. This passed off in the course of an hour.

9 p. m. Another dose of 30 c. c. was given; this produced no ill effects; temperature 102, pulse 100, respiration 26, albumen present but in smaller quantity. On the following day there was a marked change in the eruption—all the former pustules now drying up—the smaller ones, which had appeared the previous day, appeared to have aborted. The general condition of the patient more favorable.

No further treatment was given. This case is convalescent.

During a period of forty-eight hours 105 c. c. of the serum were given.

On January 16 the scabs were becoming detached from the skin, and presented a very favorable appearance. There were no indications that there would be any pitting, whereas two other cases, not receiving the serum, to all appearances identical with this one, will be badly marked."

Dr. Elliot says:

"It is very unfortunate that cases did not present themselves until the variolous eruption was well developed into the pustular

stage, since it is before this period of the disease that the serum would have an opportunity to show its full effect. As it is, I believe the use of the serum in these two cases has given good results. The injections were given under the most careful aseptic precautions, care being taken to inject the serum at a place where there were but few pustules. The effect of the serum upon the pulse tends to increase its volume; there is also what appears to be a slight rise in the temperature. Its effect upon the quantity of albumen in the urine was quite apparent after the second injection. The change in the appearance of the pustular eruption was noticeable after the first eighteen hours.

There was no effect on the eruption in the first case. It is my opinion that the vaccine serum will shorten the course of variola if given in the papular stage of the eruption. The vaccine serum does modify the variolous eruption, even in the pustular stage, but does not shorten the attack. The most serious objection to its application is the largeness of the dose, 15 to 30 c. c., which leads the patients to object to its use.

I hope this memorandum of the cases will be of service to you in your further experiments. Should other cases present I will adopt the serum treatment if possible."

Yours very truly,

LEWELLYN ELLIOT, M. D.

From the history of the two cases treated with the serum, it appears that it does have a modifying effect upon the disease, especially upon the eruption (Case II).

I am informed by Dr. Elliott that it was his belief that by administering the serum to the first case life was prolonged at least seventy-two hours.

Since it appears possible to modify the pustular stage of smallpox, and in this case have little or no pitting follow, it certainly appears reasonable to assume that it would have even yet a greater power over the disease in its first stages.

Since it seems possible to mitigate the attack of variola, it also appears rational to presume that the serum would have power to render susceptible persons refractory to the disease.

It is intended to pursue my investigations on these lines and incorporate the results of my experiments in a forthcoming communication. Very respectfully submitted,

J. J. KINYOUN,
Passed Assistant Surgeon, M. H. S.

Castration in Hypertrophy of the Prostate Gland.

When Dr. J. William White first suggested to the profession the operation of castration for the relief of hypertrophy of the prostate gland (addressed at the annual meeting of the American Surgical Association, June 1, 1893, *Annals of Surgery*, August, 1893) on theoretical grounds, although strongly supported by experimental evidence, it is doubtful whether any one appreciated the full value of the recommendation. Cases of prostatic hypertrophy are of extreme frequency. Sir Henry Thompson found that one man of every three over 54 years of age examined after death showed some enlargement of the prostate; one in every seven had some degree of obstruction present; while one in fifteen had sufficient enlargement to demand some form of treatment. In this country to-day, as shown by the last census, there are more than 3,000,000 of men over 54; of these, according to Thompson's estimate, which genito-urinary specialists consider a conservative one, about 200,000 are sufferers from hypertrophy of this gland. This number seems very large, but the assertions of Thompson unquestionably express a general rule, and in fact every surgeon must have seen men in whom some prostatic overgrowth existed before the fifty-fourth year. The lives of such patients are threatened because, if the obstruction is not removed, the health is rapidly undermined by the retention of urine and the consequent fermentative changes, the deleterious influence of backward pressure on the kidneys, the frequent use of the catheter, and the loss of sleep incident to the incessant demands to void urine. Heretofore the sur-

geon has been unable to afford distinct relief from the distressing symptoms of an advanced case of this affection. If the patient's general condition would warrant the very considerable risk, some form of prostatectomy was performed. The suprapubic method was recommended for a time, but the difficulties encountered in its performance, the frequency of suprapubic fistula as a sequel, and the high mortality following the operation have led to its almost total abandonment. Perineal prostatectomy is also attended with considerable risk, on account of the free hemorrhage, which cannot be controlled during the operation, and the prolonged anesthesia which is necessary. In addition to this, the opération is a bungling one, in which the enlarged gland is removed by cutting, scraping, or gouging, while the instrument is out of sight, and much of the time it cannot be guided even by the finger. Combined suprapubic and perineal prostatectomy enables the operator to reach and enucleate the gland with greater freedom, but is an operation of such gravity that it would be contraindicated in the very cases in which the demand for relief was most urgent.

Perineal prostatotomy is little more than a palliative measure, which does some good, temporarily, by draining the bladder and inducing slight contraction of the middle lobe of the prostate in the healing process. All of these operations confine the patient to bed for several weeks, which is, in itself, objectionable, and in addition require the use of the bougie for a long time afterwards.

In view of these facts it is not strange that surgeons should have presented Dr. White's suggestion to patients suffering from the consequences of prostatic hypertrophy, nor is it unnatural that such patients accepted this chance for relief from a condition that in many cases was rapidly and surely impairing the health of a person otherwise vigorous and, apparently, without this trouble destined to enjoy many additional years of life.

With the testes already or soon to become functionless, and with the contemplation of a long period of intense suffering which will be relieved only by death, sentimental objections pale

into insignificance, and the problem of securing relief without placing the life in danger is the only one entitled to consideration.

Cases of castration based upon Professor White's deductions soon began to be reported. Ramm, of Christiania, Norway, recorded two in September, 1893; Haynes, Los Angeles, Cal., and White, Philadelphia, each report three cases; Finney, Baltimore, reports two cases; Smith, St. Augustine, Fla.; Powell, London; Mayer and Haenel, Dresden; Moullin, London; Thomas, Pittsburg; Ricketts, Cincinnati; Swain, Bristol, Eng., and Bereskin, Moscow, each record one case. Thus far eighteen operations have been published. All have been more or less successful, and usually the relief from the distressing symptoms and the shrinking of the prostate have been marvelous. The least favorable cases have experienced infinitely greater relief than has been obtained by any method heretofore employed. At least as many unpublished cases have been operated upon with equally favorable results. There have been no deaths from the operation; of course few would be expected in the hands of competent surgeons.

To those familiar with these cases, the rapid shrinking of the prostate and the simultaneous relief afforded the patient have been truly wonderful. The operation has therefore passed the experimental stage, and has legitimately established for itself a position among the most successful of operative procedures. Indeed, the results have been so uniformly favorable that castration may now be considered a specific for hypertrophy of the prostate.

It is necessary, however, to utter a word of caution here. Castration is not indicated in every case of prostatic enlargement or urinary obstruction. To secure uniformly successful results one must be certain that the condition from which the patient is suffering is appropriate for the operation. Cases of prostatic abscess, prostatitis, tumors of the prostate and of the region of the neck of the bladder, and other forms of obstruction in the neighborhood of the prostate must be distinguished from true prostatic hypertrophy. Without careful discrimination,

both the surgeon and the patient will be disappointed, and the operation will unnecessarily be brought into discredit.

As it stands to-day, however, in appropriate cases, it appears to mark an advance in the surgery of the prostate, which, when the gravity and the frequency of the condition of hypertrophy are recalled, together with the more or less ineffectual and always dangerous methods of treatment which have prevailed, must be a source of congratulation not only to Professor White but to the profession at large, and to thousands of patients who, having outlived their sexual lives and earned an old age of mental and physical repose and intellectual enjoyment, have had only a few short years of torment and misery to look forward to on account of this hitherto intractable disease.

—*University Medical Magazine.*

Professional Skepticism.

BY DR. E. B. WARD.

Unbelievers are not necessarily dangerous people. But for Martin Luther and a few other unbelievers of the sixteenth century, where would evangelical religion be now, perhaps? So in this day and age of the medical world, physicians are called upon to exercise a degree of belief that sometimes sorely taxes the capacity of their credulity.

Unfortunately perhaps for himself, the writer of this article is a born skeptic, and absolutely refuses to believe anything that doesn't stand to reason. This, however, in no way interferes with his solidity of belief in foundation facts, truths, and axioms; neither is the skepticism due to lack of desire for information or an entire absence of opportunity to learn by observation and otherwise.

And now my courage almost fails me and I could fain wish "I'd ne'er begun"—but I will say that I don't believe there is a particle of foundation for Koch's theory, or Pasteur's method, or the testicular folly of the late lamented Brown-Sequard, or

the generally accepted antiseptic rage, or the propriety of these frequent ovariectomies and operations for appendicitis *et id genus omne*.

Koch has failed to satisfy a great many medical men that his *bacillus tuberculosis* is not the sequence instead of the cause of consumption, while his tuberculin is fast falling into disrepute already. Pasteur's inoculation of rabies occasionally kills the individual treated, while the dog who was the cause of this treatment lives. The fact exists that comparatively few persons bitten by a dog who is actually rabid will have rabies, and most of the supposed rabid dogs are killed before it is positively known that they had the disease.

The domain of surgery, reaching farther and farther under the supposed protection given by antisepsis, has only demonstrated what the human system is able to endure and not succumb to the surgeon's knife; but the fact is by no means proven that the successes, so-called, could not have been secured by simply following the extreme of cleanliness which is demanded in the use of antiseptics.

So far as the use of antiseptics in midwifery is concerned, I am as well satisfied as I am of anything that since the use of them began the death rate in general practice and with the average practitioner of recent birth has increased two-fold; and I have seen repeatedly cases of puerperal peritonitis from the hands of these men that there was small doubt were caused by post-partum injections of bichloride. In an active practice of thirty-six years the writer never lost a case due to the parturient period, and at this late date I shall object to poisoning my hands with anything before my duties as accoucher begin.

Following on the heels of this, and assured no doubt by the direct immunity which the bichloride is supposed to give, comes an inventor with a contrivance for dilating the cervix and delivering an aborting female at once, without any of the old-time waiting and palaver about it. In other words, he proposes to deliver the foetus, strip the uterine surface to which the placenta is attached, poison the wound with bichloride, and

have her get up and go about her business as usual. This may be all right enough, but if he can dilate the cervix upon threatened abortion he can without, and the tool becomes invaluable to the professional abortionist. What most honest medical men try to do is to prevent and not facilitate abortions; but the limit of abuse to which the uterus will submit and still allow the patient to survive has yet to be discovered.

The frequency of ovariotomies which follow along in this line has become a serious question in the minds of many medical men, and it has even been hinted already that legislation is called for in this as in cases of produced abortion. I am convinced that an infamous amount of crime is being perpetrated in this manner, and believe with an old-time medical friend of mine, who said that "These men who go about castrating women ought to be hung."

Appendicitis also furnishes a fruitful field for the festive knife. So far as my own experience goes, I may say that I have treated my share of this disease and that the patients have all recovered without the knife—though I should not hesitate to use it in case of necessity. Still I believe that, given a certain number of cases, say fifty, all to be operated on, and the same number to take their chances without surgical assistance, there will be more of the patients alive in the "round-up" who have escaped the knife altogether.

In my immediate vicinity we have just passed through an epidemic of diphtheria, and I only want to say one word relative to sulphur fumigations in this disease, and that is that so far as I have been able to discover they are a fraud and a delusion. Longtime isolation of diphtheritic patients *after they have recovered* is the only safeguard. They carry the poison, not in their clothes, but in their throats, for weeks after, and perhaps for months. Another thing has occurred to me in this connection, and that is that the "floating germ" cuts a very small figure. Still I am only speaking of recent experiences.

Finally, this epistle to the Rum-uns may seem crude and unlettered, but it comes in language that the wayfaring man

can understand, even though he parts his hair or his name in the middle; and it means business. With an aching and expectant world standing around us, and an army of semi-incompetent physicians—myself among the number—trying to minister to their ailments and assuage their fears, I honestly believe that the less the *vnlgnspopnli* know about disease germs and the situation of the appendix, the better. I believe that the old woman was right who sent a letter to her daughter's teacher when she ascertained that she was learning physiology, saying that she "didn't want her girl to know anything about her insides."

Laingsburg, Mich., Nov. 27, 1894.

—*The American Lancet.*

Sanitation and Climate.

THE JOURNAL has received the subjoined circular from the chief of the weather bureau. It relates to a subject that is of importance to the members of the medical profession and it is hoped the circular will create an interest in the work undertaken:

Circular No. 3. Sanitary Climatology.]

U. S. DEPARTMENT OF AGRICULTURE,
WEATHER BUREAU,
WASHINGTON, D. C., Jan. 2, 1895.

Editor Journal Arkansas Medical Society :

At the instance of the honorable the secretary of agriculture, the weather bureau will extend the scope of its work, as set forth in the accompanying circular.

As there are doubtless many persons who may be interested in the proposed investigation and willing to coöperate and whose names are not known to the bureau, I would be pleased if you would give notice of this investigation in the columns of your publication. Very respectfully,

MARK W. HARRINGTON,
Chief of Bureau.

Circular No. 1. Sanitary Climatology.]

U. S. DEPARTMENT OF AGRICULTURE,

WEATHER BUREAU,

WASHINGTON, D. C., Jan. 2, 1895. .

The interest manifested by every class of people in the subject of climate and its influence on health and disease has determined the honorable the secretary of agriculture, through the medium of the weather bureau, to undertake the systematic investigation of the subject.

It is hoped to make the proposed investigation of interest and value to all, but especially to the medical and sanitary professions, and to the large number of persons who seek, by visitation of health resorts and change of climate, either to restore health or prolong lives incurably affected or to ward off threatened disease.

The study of the climates of the country in connection with the indigenous diseases should be of material service to every community, in showing to what degree local climatic peculiarities may favor or combat the development of the different diseases, and by suggesting, in many instances, supplementary sanitary precautions; also by indicating to what parts of the country invalids and health seekers may be sent to find climatic surroundings best adapted to the alleviation or cure of their particular cases.

The hearty coöperation of the various boards of health, public sanitary authorities, sanitary associations and societies, and of physicians who may feel an interest in the work, is asked to achieve and perfect the aims of this investigation.

No compensation can be offered for this coöperation other than to send, free of cost, the publications of the bureau bearing upon climatology and its relation to health and disease to all those who assist in the work.

Coöperation will consist in sending to this office reports of vital statistics from the various localities. That these reports may be of value, it is evident to all that they should be accu-

rate and complete, and be rendered promptly and regularly. Blank forms of reports have been prepared so as to occasion as little trouble and labor as possible on the part of the reporter, and will be furnished by the bureau on application.

At the very beginning of the investigation it is not possible to outline precisely the channels through which the results obtained will be made public, but it is hoped to publish soon a periodical devoted to climatology and its relations to health and disease. The publication will probably resemble in size and general appearance the present *Monthly Weather Review*, the subject matter being, of course, different.

More detailed information will be furnished on application.

MARK W. HARRINGTON,

Chief of Bureau.

Long-Lived Americans.

[Charles Dudley Warner in Harper's Magazine.]

This Western Hemisphere has many sorts of climates, but they all have in common this encouragement, in exceptional cases, it is true, to great age. It has been supposed that the exceedingly variable and violent climate of some regions of our country is hostile to long life. But if we study the matter in view of multitudes of instances we see that it is not climate, or even hardship, that shortens life in the United States, for instance, but that it is worry and care, or, in other words, the furious pace at which we try to live. No attempt is made to defend the climate of New England, and yet the number of people who have attained a great age in it is positive proof that the climate is not altogether in fault for mortality. It is probable that the record would be very different if we had paid as much unworried attention to growing old as we have to fighting Indians, subduing forests, making money and getting ahead of our neighbors. We are still as a nation very young, some physical conditions have been against us, and there has not yet been

time enough to spare to show what the country can do for us in the way of longevity. In New England there are less than three lives from the landing of the Pilgrims. Among the Pilgrim records at Plymouth is a letter from Peregrine White, who was born on the Mayflower when it lay in Provincetown—the first white child born in New England. Following that is a letter from an estimable Pilgrim deacon, who lived to be 106 years old, and who testified that he knew Peregrine White. Following that is a letter from a lady still living, at the age of 92, who says that she remembers the aged deacon of 106 years. Thus less than three lives take us back to the landing and to the Rock, which is almost as mysterious as the aerolite, or black stone, in the Kaaba at Mecca, since it is like no other piece of granite on the Massachusetts coast. It may be mortifying to see that we have no greater antiquity than this, but the efforts of three persons to cover it is encouraging.

But it is in other regions of the continent that we must at present look for the extraordinary capacity of the new world for producing old people. Well authenticated are cases of mission Indians in Southern California who reached the ages of 120, 130 and 140. In that equable region all the great functions of nature go on with regularity, so as to induce a long running of the machine. But, besides this, these old men were probably free from care, from religious doubts and skepticism and political worry and ambition, and it is testified that they were simple in their habits, temperate and even abstemious, drinking only water and eating little but corn, which they fitted for digestion by a vigorous action of their own grinders. Lieutenant Gibbons found in a village in Peru 100 persons over the age of 100 years, and either he or another credible explorer there reports another man aged 140. He was a very temperate man, ate his food cold, and never ate meat, except in the middle of the day. In the highlands of South America the habit of old age is a long established one. In Ecuador centenarians are common. The census of 1864 found in the town of Pilaguin, 11,000 feet above sea level, about 2,000 inhabitants, among whom were only 100

over 70 years of age, thirty about 80, eleven over 90, five over 100 and one who was 115. Not many years ago died in Ambato a woman named N. Cucalou, who was 114, and one Don Jose Soto, aged 120. In the year 1840, in the town of Banos, died old Morales, a vigorous carpenter to the end of his life, who was well on in years and the steward of the Jesuits when they were expelled from their property in 1767. In 1838 a witness in a judicial trial was proved to be 140 years old, having been born on the night of the great earthquake which destroyed the old town of Ambato in 1698. How much longer this man lived, who was cradled by an earthquake, is not yet reported. Mexico, notwithstanding its revolutions, is equally favorable to longevity. In the State of Vera Cruz there died a man in 1893 who was 137 years old. That he was carried off prematurely we have reason to suppose, for at Teluca, where the register is officially and carefully kept, there died only a few years ago a man aged 192.

One-fifth of a century is a long time but several State Medical Societies in the United States are more than five times that old. Let the twentieth annual session of our society be the largest the society has ever held.

The JOURNAL will be mailed the next three months free to all members of county societies and to all physicians who contemplate joining the State society at the next meeting. Please send the names at once.

If all those who have not paid their dues will be on hand at the treasurer's desk on the first day of May 1895, that faithful officer will require several efficient assistants to enable him to get through in time for the session to be opened on the first day.

THE
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Medical Society Papers.

**Deductions from the Treatment of Affections of
the Lungs and Pleura, at the Clinic of the
Arkansas University, Medical De-
partment, Little Rock.**

BY EDWIN BENTLEY, M. D., U. S. A., (RETIRED) LITTLE ROCK.

[Read in the Section on Practice of Medicine at the Nineteenth Annual Session
of the Arkansas Medical Society.]

Among the many diseases treated at the institution indicated by the caption of this paper, where the doors are open every day in the year—the sick and wounded poor receive treatment—enter a large class of affections, which involve, often in a specific way, the lungs and pleura. It is not infrequent to meet with the most miserable specimens of humanity, representing different races and many grades of society, presenting conditions often loathsome in their appearance—dejected and wasted by pain and misery, to say nothing of the absence of personal hygiene. Such subjects not infrequently indicate tuberculosis in some of its various forms. In the limbs, about the joints, will be sometimes found local manifestation of the fearful encroachments of the dread malady. Caries of the bone may be associated with the suppurative process. The long bones, as well as the short and irregular bones, may be involved in the

destructive process. With these surface symptoms will be found paroxysmal cough, with more or less free expectoration, with marked hectic and depression, with scarcely life and spirit enough to do more than continue to endure. These cases, on careful inquiry, will be found to have originated in some dyscrasia, with a history traceable distinctly to scrofula, chronic rheumatism, or the debility incident to dyspepsia or faulty assimilation. But worse than all this, there will be too frequently found that contamination of all misery and poverty, that pestilential affection, the specific disease that creeps insidiously on its victims; so misleading and beguiling, so difficult for the afflicted to realize its real character, that like the deadly upas, it seems to delude and allure, while it contaminates and destroys the vital forces. The patient may apply for treatment on his own diagnosis, and likely enough has been so often told that he has consumption, or chronic pleurisy, that he asks only to be relieved of his most distressing symptoms. It may be cough, pain in the side, night sweats, loss of appetite, or sleeplessness. He may have been treated, or treated himself for all the ills that beset humanity, and yet has not received the desired or promised relief. The pleura may be so thickened as to indicate, by percussion, gray hepatization, and, in fact, cheesy deposits may have formed in the mass and so press upon the rib, producing absorption of the bone by caries, working a way for the thickened accumulation to appear on the surface, assuming the character of a tumor, with a doughy feel, not unlike a lipomata. In a hasty conclusion these masses, which seem to be fixed at their base, and have all the solidity of ordinary adipose tumors, have been cut down upon for the purpose of removal. When the incision penetrates the improvised sac, the thickened debris begins to exude, and through the softened mass the finger readily detects the carious bone, and may be passed on through the parietes of the chest into its cavity, where it will be found circumscribed and the pleural surfaces adherent to the walls of the thorax.

I have under observation now, a case where four of those masses, varying in size from a walnut to a lady's fist. I am aware that they are regarded as cold abscesses, having their origin in diseased bone, these masses appear to originate in fibrous tissue, and to possess many of the characters of gum-mata, to which they seem to be allied in their behavior and amenability to treatment. These cases of apparent tuberculosis possess many of the physical symptoms, except the tuberculosis bacillus, pass as cases of consumption, and in the event of a fatal termination are likely to be so recorded. These cases are often protracted by the patient's use of proprietary or patent medicines, or both, until the unfortunate subject is reduced almost, if not altogether beyond the rallying point. When at last, in the agonies of despair, or physical torture, he works his way to the clinic, or is helped by some officious party who has grown anxious for a more rapid disposition of the mortal coil, or is inspired by that higher aspiration which recognizes the brotherhood of the races, when the history of those cases shall elicit the probable source of all this mischief. In some, is a dyscrasia, to which allusion has been made, when a revolution can be effected in the personal hygiene of the subject, securing comfortable warmth and ventilation in the sleeping apartments, with the use of such therapeutics as embrace germicides, and tonics, and alteratives, as may be produced in the comely, yet efficient combination of bichloride of mercury, the chloride of iron and Fowler's Solution. The most marvelous changes in a few weeks will be effected.

But if in similar conditions appear the bacillus tuberculosis, I have thought that the capacity of the medical man was largely lessened, if not altogether confined, to smoothing the downward course to a hopeful immortality. In earlier times, I have not looked with evil or jealous eye to the assuring nostrums of the day, where their fame has seemed to rise higher and more rapid, that the fall might be more sudden and complete, that the field may be more open and free for the utilization of its successor. For one goeth and an-

other cometh, and so has run the perpetual current of imposition from the earliest accounts of civilized or savage times. So I was prepared for hasty embrace of the beech wood creosote for the cure of consumption knowing that full forty years ago it figured in the field, as a bold and hopeful combatant against this dread disseminator of the race. For its present appearance is but a revival of an old remedy, which gave promise for a time and was forgotten. It may be an example "of the survival of the fittest." It is true, it has great advantage now in the mode of administration in gelatin capsules, where the dose may be increased until tolerance of remedy is gained, and the annoying burning sensation, in the epigastrium passes away, until I have known 460 drops a day to be borne without inconvenience, with a gradual restoration of health and vigor; with the disappearance of the bacillus tuberculosis and the resumption of a business occupation given up two years ago in despair, after climate and fancy cures had been proved abortive of any good, when science, with the best available remedies known to our art, came to the rescue, and triumphed, as she ever must where success is possible. The hygiene of tuberculosis is receiving more and more attention since the great impulse given by the German association. Sanitariums are being established for the poor, in our own country as well as abroad. Bowditch, of Massachusetts, has a sanitarium under his control and advanced measures for this class are receiving a new impulse every day. The idea that tuberculosis is incurable is rapidly passing away. Beech wood creosote, administered in gelatin capsule, with cod liver or olive oil, tincture of gentian or nux vomica may be used to advantage. I have in my mind the case of a woman, who three months ago was bedridden, near the approach of bed sores, pillow and sheets smeared with tuberculosis expectoration, and the floor so daubed and filthy as to make the necessary examination a loathsome task. The very embodiment of disease and poverty, the husband trying to nurse two little children and administer to his sick wife. Now she is able to care for the little ones, while he is at work. The

other morning she got up and prepared breakfast. The leading factors in this result have been personal police, improved ventilation, open fire, alteratives and tonics, and beech wood creosote. She is now taking 120 drops a day, a more irritable or sensitive stomach to begin with could not well have been selected.

Years ago I tried its use by inhalation, as now recommended by Beverly Robinson. The results with me were not satisfactory, but from his good results I would be inclined to try it again under more favorable circumstances, and as he thinks this method not fitted for all cases I would be more inclined with a case better suited to its use. The application of guaiacol I am prepared to try at the proper time, when a desirable case presents itself. Koch's great discovery of the tuberculosis bacillus has effected a worthy revolution in the treatment of tuberculosis. Whether greater success will attend the use of the pure tuberculin or his improved tuberculocilin than was observed in the crude tuberculin, remains for further observation. To determine the diagnostic value of tuberculin, in determining the presence of tuberculosis in animals, is becoming a matter of vast concern, and the interest which it continues to develop is scarcely within the limits of our comprehension. The accepted cause of croupous pneumonia is thought to be the pneumonoccus of Fraenkel, but it requires further elucidations to show why this germ, present in the sputum of the healthy, should be the specific cause of disease. From the time of Mimyre's writings on phthisis pulmonitis phthisis florida, it has been easy to recognize two distinct forms of consumption. The one now distinctly understood as the form distinguished by the presence of the tuberculosis bacillus, and the other, although presenting similar symptoms and physical signs, resulting from the breaking down of tissue in the advanced hepatization of pneumonia.

In the first necrosis arises from the accumulation of tubercles, until they so press upon each other as to cut off the capillary circulation and consequent nutrition resulting in the well defined vomicae of advanced tuberculosis. It is now claimed

by Patresco that pneumonia may be jugulated, killed or cut short by large doses of digitalis. This is regarded as the abortive treatment of the day. He insists that an infusion of the leaves is the only proper mode of administration, and from one to two drachms of the leaves in infusion is the true therapeutic dose. He insists that there need be no apprehension of toxic effects from this dose, and in the amount of the dosage he is sustained by Lowenthal, although he does not concede that it possesses any specific property in aborting the disease. For myself I have had no fair opportunity of testing its virtues in pneumonia. But from an extended experience with large doses of digitalis, I should have no hesitation in regard to the quantity. I have more faith in the judicious administration of the fluid extract of ergot. Every winter has brought to the clinic many cases of cyanosis. The embarrassed circulation, the oppressed respiration, the apparent excess of venous blood, would be apparent enough, but the pathological lesions, on which it might be supposed to depend, were not so easy to make out. It took me some time to reason from effect to cause; at length, I came upon an article in a chemical work, bearing upon the properties of carbonic oxide gas, being in a large degree cumulative, so that by continued absorption its toxic effects would be at length obtained.

Then I visited the apartments occupied by all these patients and found they used coal in old broken and worn out stoves, often without covers, with the poorest draught to their chimneys—when they had any at all—with the most imperfect, open and irregular old pipes for flues, besides this, the lamps, invariably without chimneys, which the superstitious negro burns all night. Having ascertained the cause in my cyanosed patients, the treatment was clearly indicated in its removal. A later plan of treating pneumonia is the unique idea of Fockier, of producing an artificial abscess. This was employed by Tepine, who made aseptic abscesses in the arm and thigh by injecting subcutaneously 16 drops of turpentine. The suppuration acting as a revulsive to the pneumonic lung, was the theory of

Fochier, but Chantemesse explains the action in a different way; that the effects of the abscess is to produce a leucocylocis, by which the phagocytic effect is greater in the diseased area, or the phagocytes acting as germicides, more readily destroy the pathogenic microbes. A later method is reported by Klemperer of eight cases treated by the injection of heated pneumoccus cultures (140° F.) The idea being to render the subject immune. Lichtheimer, instead of taking the serum from immune animals, used blood serum from man, from a recent attack of croupous pneumonia.

Good results have followed these experiments. The great problem of the day is fast becoming, "How shall we be rendered immune from the various affections which endanger life?" I have long thought that the only potent remedy that would suffice to annihilate the persistent social evil, the scourge of mankind and demoralization of the race, would be found in some method of inoculation that would render the trespasser immune. Ever since the establishment of Colle's law of the immunity of the mother bearing a diseased child, by a diseased father, or the immunity of Profeta, where a healthy child is born of diseased parents, one or both being affected, my faith has been that the ultimate eradication of this disease would be in the discovery of a method by which the world would become immune. In such a culmination we may all rejoice in the annihilation of a scourge which may pass unbidden the purest threshold, contaminating and destroying, in the guise of love, the most endearing hopes, present and prospective, known to social life. But I argue not the speculative; it is with experimental and demonstrative facts that I prefer to deal.

In regard to bronchitis, the views of Cassell are worthy of consideration—that the daily practice of full, deep inspirations are of more value in bronchial affections than all the remedies of Pharmacœpia. What Cassell has said of bronchitis is equally true of many thoracic affections. In convalescence from pneumonia, the full, deep inspirations open up the agglutinated air cells, which have remained closed during the active stages of

the disease. It helps to attenuate and lengthen the ribbon-like adhesions, which form in pleuras, and which produce the pain in the side, and from which so many suffer after active exercise. Guerin has defined inflammation of serous membranes, as an exaggerated invasion of the lymphatic territory by the elements of the blood. The bacillus of Eberth has been found in pleurisy. Syphilis is mentioned as a cause of pleurisy by Prætorius. Nikulin makes "three forms of syphilis of the pleura:"

1. Where it has spread from the lungs to the pleura.
2. Where syphilis has set up costal periostitis and extended from the bony walls to the pleura.
3. Primary syphilitic pleurisy.

In these cases no treatment is so effective as potassium iodide.

The pleurisies which follow pneumonia are now thought to be due to the pneumoccus of Fraenkel; when staphylococcus is found in the serous effusions, pus may soon be expected. The relation between acute rheumatism and serous membranes invites special attention in rheumatic fevers, to the pericardium, endocardium and pleura.

Lawson Tait has noticed the association of pleuritic effusions with diseases of the abdomen. He has regarded the sanguinolent character of the pleural effusion as a certain indication of malignant disease. He makes an exception to this in a fibroid tumor of the ovary.

Germain See regards antirheumatics, diuretics and sudorifics as useless in pleurisy. The expectant being, as he thinks, the only rational plan. He also regards pleurisy as but an evolutionary stage of tuberculosis, and to be treated like all consumptives.

In the treatment of chronic pleurisy, Clement advises the use of antipyrin in 15 grain doses every 4 hours.

Not unfrequently cases of asthma appear, which Wilson Fox believes to depend on spasm of the circular muscular fibres of the bronchi. For treatment cigarette smoking has been

recommended, the cigarettes being made from equal parts of the leaves of lobelia, belladonna and green tea. The leaves are soaked in a solution of potassium nitrate before being rolled. The mechanical treatment has been recommended. It consists in firmly wrapping the posterior portion of the chest. The application of a piece of cotton, wet with cocaine 1-20, to the nasal fossæ has been advised by Dieulafoy. So the remedies, new and old, might be protracted indefinitely.

For many of the later ideas expressed in this paper I am indebted to *Sajou's Annual of 1893*.

Exactness in Prescribing Diet.

BY L. P. GIBSON, M. D., LITTLE ROCK.

[Read in the Section on Practice of Medicine at the Nineteenth Annual Session of the Arkansas Medical Society.]

Therapeutic measures, in order to have their fullest effect, should be applied with a positive object in view and in such a manner as to inspire the patient with the faith that the prescriber is a believer in the efficacy of the remedies directed to be used.

Medicine, or medicament, in one sense, is used to denote any substance administered for the cure or alleviation of disease. It does not make any difference how these substances or appliances are applied or used, whether in the form of internal remedies, topical applications, mechanical appliances, massage, electricity, surgical operations, diet, change of climate, bathing, mental or physical occupation and surroundings—they are all medicine. It was said of a noted New York surgeon, now deceased, that he always performed his surgical operations just as he gave a dose of medicine, simply as a means of curing his patients. Some of our most potent aids to the treatment of

disease have been evolved from the systematic use of agents that were formerly used roughly, carelessly and, of course, unscientifically. In this category no better illustration is needed than massage and electricity. Doctors formerly gave directions to their patients to rub well an afflicted limb or joint with some lotion that was prescribed. Rubbing was rubbing and it didn't make much difference how it was done so the skin was made red and the medicine "rubbed in." Compare this old haphazard method with the refined art of massage as practiced to-day.

Time was when the physician's electrical armamentarium consisted of the old Faradic "thunder machine," and whenever in the rare instances in which electricity was employed it was always in the same way, and generally with the same result. Examine the exquisite and delicate, or powerful, dose measuring electrical instruments of this day and then go into the attic and cast a farewell glance at the old mechanical thunder machine of the days that are gone and try to forget the pain that it caused, the terror that it inspired in the children, and maybe the deaths it hastened.

It may, at first glance, seem an extreme idea, but a second thought will convince you of the truthfulness of the statement that when a person becomes sick *all* things connected with him become either therapeutic agents or retarding influences in the progress of his disease.

The room he occupies, the bed he lies upon, the light that comes through his window, his friends, his family, his books, his physicians, his business, the medicines he uses and the last—but not most unimportant—his food, (diet) all have a bearing or should, by his careful medical attendant, be brought to have a bearing upon his malady. And just in proportion as each, every one and all of these therapeutic or detrimental influences are employed will be his restoration to health slow and tedious or rapid and pleasant.

We can hardly lay too much stress on any one of these so-called minor details, but there is one in particular that is so important and so neglected that I have concluded to call your

attention to it to-day. My own experience in *positivism* in prescribing diet has been so gratifying to me and I believe beneficial to my patients, that I hope at least some of my confreres will give it a trial.

A considerable part of the medical student's time has to be devoted to the investigation of the physical, physiological, chemical, toxic and therapeutic properties of the drugs that he expects to have to use in the daily practice of his profession. Minute directions are given for the gathering, storing, testing and preparation of the articles of the *materia medicae*. A physician is supposed to have a sufficient knowledge of pharmacy to know when his prescriptions are scientifically and properly prepared. All of his senses are brought to bear upon the tests of his drugs. He smells, he tastes, he feels, he looks and he ought to know whether it is all right, if it is a drug. But who is the doctor who knows how a rare beefsteak should be cooked, or the mode of manufacturing the common every day—yea, three times a day—biscuit? What is dry toast and how should it be prepared? How long should rice be boiled and how should it appear and taste when it is properly cooked? These are some of the every day articles of food for the sick. Physicians are careful to have the drug prescriptions taken to a reputable drug store, where fresh and pure drugs are employed by skilled pharmacists. "But doctor, what can I eat? What can the patient have to eat? Oh, just light diet; anything he wants that wont disagree with him. Try some milk toast. Oh, yes, he can have a little buttermilk, I don't suppose it will hurt him." And that last, and perhaps more important than the drug prescription, the diet prescription, is sent to a cook who perhaps knows as little about preparing diet for the sick as a cross-roads grocer, who sells castor "ile" and turpentine, knows about compounding the elixir of the four chlorides.

It does seem that those agents which are capable of developing and sustaining the body and mind in health should be applied with the utmost accuracy in any deviation from the normal condition, health.

It is said that frequently Dr. S. Wier Mitchell will go into the kitchen of his sanitarium and prepare with his own hands some delicate dish that will be acceptable to a palate and stomach that have withstood the temptations and the ingenuity of the regular cooks or attendants. And what is Mitchell's rest cure, and what is it capable of accomplishing when drugs fail? It is lying down, rubbing, eating and, pardon the expression, lightning, as it was, but as science to-day designates these agents, rest, massage, diet and electricity, employed with the utmost scientific nicety.

For some years I have been in the habit of making two kinds of prescriptions for my patients, drug prescriptions and diet prescriptions. Whenever I have strictly adhered to this rule I have never had cause to regret it, but a more indifferent and hasty method has often caused disappointment.

Being a positivist in therapeutics, and endeavoring in all cases to employ drugs with certain definite objects in view, I have come to be also a firm believer in the efficacy of a carefully and positively prescribed diet in all conditions where drugs are called for, until now I find that in many cases a prescribed diet will suffice without the addition of drugs.

By prescribing diet is meant in this paper the writing out of a bill of fare for each meal, designating the manner in which it is to be cooked, the quantities to be allowed and the time of eating. By this method patients will take food with confidence, if not with relish, and they do not attempt to obtain things that are objectionable by refusing food that is suggested.

A very useful aid to this method is a little book sent out by Reed & Camrick some time ago as an advertisement. On detachable leaves it contains the diseases and the articles of food that may be taken and those that must be avoided in each.

I give no recognition to these so-called concentrated or artificial foods. Beef tea and extract of beef and such are nearly as nourishing as tea and coffee, and taste and smell much worse. They stimulate, perhaps, but do not nourish, if at all, to the extent of making them preferable to freshly and properly made

beef tea. An eminent physician of our own State told me in my much younger days that whenever he had a very sick patient he never directed his medicines to be given at intervals of equal hours. He gave directions to have them given every hour and twenty minutes, or hour and forty minutes, because, as he said, if the directions were given with such minuteness, and at such precise times the attendants would be sure to be more watchful than if the directions said even hours, or three hours, etc. And so with diet; study the action of food as carefully as we do the power of drugs, and use the former with the same knowledge and precision as we do the latter and I believe the one will assist the other to a degree not dreamed of by those who are careless in the use of food in connection with drug medication.

In the army, navy and marine hospital service carefully prepared diet tables are in use and I believe much of the good results obtained in private sanitariums are attributable as much to careful and rigid diet as to other medication.

The ordinary patient and his friends are wonderfully ignorant and adventurous about eating. Generally the first act of kindness volunteered by zealous friends is the preparation of some dish for the sick neighbor and the doctor has to be always on the warpath to prevent the ingestion by his patients of some kind of unwholesome food. It is rare that a plain, wholesome dish is offered to a sick person by neighbors. It must be something rare and difficult of digestion, and strong must be the will of the doctor who withstands the importunities of visiting neighbors to let his patient "try a little of this charlotte de russe or this velvet cream or my banana salad, it can't hurt him." All of this is avoided when the attending physician puts in black and white his diet prescription and hands it to the attendant with the injunction that it must be as implicitly obeyed as the directions for the other medicine. Of course, all intelligent physicians are fully aware of the diet regimen to be followed in certain chronic ailments, such as Bright's disease, diabetes, etc., but as important and necessary as it is in these graver and more

chronic diseases it is none the less of the very greatest benefit in all ailments, the slight as well as the grave, and if you will carry out these suggestions—get in the habit of always prescribing diet—I hope your experience will be as gratifying to you as mine has been since I adopted the plan.

A Rare Case of Hemorrhage from the Male Urethra.

BY B. HATCHETT, M. D., FORT SMITH.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

My patient was aged 36 years, a merchant, married, of good constitution, enjoyed good general health. He applied to me early in June, 1893, for treatment of a very tight stricture in the pendulous portion of the urethra. He gave a history of having had several attacks gonorrhœa in former years, each lasting for a long time. His urine was passed in small quantities, with much difficulty and at frequent intervals. Treatment was begun at once by using Bank's whalebone bougie, and continued at intervals of two or three days with French Gum conical bougies, until the caliber of the stricture was large enough to admit Otis' Urethrotome. With this instrument the stricture was cut in the usual way on the first of July. The hemorrhage was trifling and no untoward accident occurred in any way. A number 30 French steel sound was readily passed down to the membranous urethra, at which point it was arrested by another stricture of medium caliber. The deep stricture was allowed to rest for the time being. The patient remained in bed two days according to instructions, and then presented himself at my office every third day for the purpose of having sounds passed. A No. 28 French steel instrument was used to keep the cut stricture patulous, and French gum conical bougies to gradually dilate the deep stricture. With this treatment, he was discharged at the end of two

months with a comparatively healthy urethra, readily admitting a number 28 French sound. He took with him an instrument in the use of which he soon became quite proficient. About the latter part of October, four months after the urethrotomy, I met my patient on the street one day when he casually told me that after conjugal intercourse a few nights previous he had noticed blood on his linen. This was considered both by him and myself as a trivial matter and no cause was assigned or advice given. A few evenings later I was summoned in great haste and found him lying in a bed literally saturated with blood, exsanguinated, nervous, and blood flowing from his urethra in a constant stream. I was told that during the act of copulation and before the period of ejaculation was reached, the hemorrhage came on with a sudden gush, filling and distending the vagina of his wife, and saturating the bedding, as was evidenced on inspection. The scene presented was not unlike that of a post partum hemorrhage in a lying-in chamber (with certain variations).

Presuming the source of hemorrhage to be the cut stricture, I directed the patient to grasp his penis firmly, while I administered to him a full dose of ergot, and made preparations to introduce a sound and bandage the organ. Upon close examination, however, I found the bleeding came from a deeper part, which I located at or near the bulb. The grasping of the penis would, of course, prevent any visible bleeding, but the urethra behind the point pressed would become distended with blood, none of which at any time flowed backward into the bladder.

I directed a bystander to hastily tack a piece of board six inches long by two inches wide onto one end of an old broom stick. With this improvised perineal crutch resting on a compress of napkins against the perineum and the other end of the stick against the foot board of the bed, firm pressure was brought to bear over the urethra, with the result of stopping all bleeding.

So long as this device was maintained the trouble was controlled, but on discontinuing it, blood would flow again in spite

of every other method of treatment adopted, so that the patient was kept in this position for thirty-six hours with such intermissions only as were necessary to empty the bladder. After the lapse of two days, bleeding occurred only at irregular intervals, when the patient would walk, strain at stool, or have an erection. At each recurrence he was forced to lie on his back, and apply the crutch.

The only treatment outside of pressure that accomplished any good, or upon which any reliance was placed, was the deep injection of Monsel's solution of subsulphate of iron. This in the undiluted form was used on several occasions with very marked benefit, and no resulting inflammation. The trouble gradually subsided until at the end of two weeks he had no more hemorrhages, and has ever since continued well.

Strophanthus for Inebriety.

A corpulent old man with a weak heart and intermittent pulse, a confirmed drinker, after being put upon seven-drop doses of tincture of strophanthus three times a day felt very sick, and began to dislike alcoholic drinks, the dislike fortunately becoming permanent. Two other similar cases were likewise successfully treated in the same way. The immediate effect of the strophanthus was to produce nausea and profuse diaphoresis, results which are unusual when this drug is given in ordinary cardiac cases and though alcohol was suddenly discontinued in these three cases no bad results followed.—Dr. Skworzow in *Wein. Med. Press* :—*Med. T. and H. Gaz.*

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Editorial.

A Backward Step in Medical Legislation.

After years of persistent effort the county boards of medical examiners were abolished by the medical act of 1893, and the law was so changed as to permit graduates of medical schools to register with the county clerks without examination. The State board of examiners was retained for the purpose of examining those undergraduates who desired to practise medicine in this State.

Now comes the present legislature and proposes to again create the old system of county boards and open the flood gates for the admission of every incompetent ignoramus who desires to be labelled doctor.

The following is the full text of the bill as it passed the house:

House Bill No. 188.

Clement.

A BILL

For an act to be entitled an Act to create county boards of medical examiners and for other purposes, and to repeal 4968, 4969 and 4970 of Sandels and Hill's Digest.

Be it enacted by the general assembly of the State of Arkansas.

Section 1. The county courts of the several counties of this State, shall appoint a county board of medical examiners in and for their respective counties; the said board shall consist of three members learned in the science of medicine and surgery, of good moral character, and duly registered, who shall organize by taking the oath of office prescribed by the constitution, and electing one of their members secretary, and they shall hold at least two meetings a year at their county site. The members of said county boards shall hold their office for a period of four years, and said board shall again be filled by appointment by the county court, and all vacancies shall be filled by like appointment. Provided the county judge may at any time, remove any county examiner for drunkenness or other immoral conduct.

Section 2. The county board of medical examiners is authorized to examine all persons who may desire to practice medicine who are residents of the county with the board that may apply and if found qualified to practice medicine and surgery, issue a certificate to which shall entitle the holder to practice in the county in which it is issued or in any county in which his practice may extend, so long as his residence may remain in the county wherein the certificate is issued.

Section 3. Such applicant shall pay the county board a fee of six dollars for the examination.

Section 4. That Section 4968, 4969 and 4970 be and the same are hereby repealed, and all other laws in conflict here-with are repealed and this act shall take effect and be in force from and after its passage.

From the newspaper report of the proceedings of the house of representatives the following is reproduced:

LICENSING DOCTORS.

No. 188, by Mr. Clement (county boards of medical examiners) was the next special order. Mr. Clement explained that many ambitious young men have not the means to take the regular lectures or State examinations. The county boards will be composed of competent men and the public will be well guarded.

Mr. Dunavant moved to reconsider the vote by which the bill passed to its third reading, in order to recommit the same. He said that the State board of health reported that out of some eighty who had applied for license to commit murder, only eight had passed a satisfactory examination. The enlightened physicians oppose this slipshod way of licensing physicians.

Mr. Hanna said the bill is correctly engrossed, but there is one omission because of a verbal amendment not sent in to the effect that examining boards must have two physicians on them.

Mr. McKie said that if a man once gets a license he cannot be deprived of it no matter how incompetent or how low he may be.

Mr. Lake thought that under this bill the standard of the profession had not been lowered; as poor lawyers get little practice so poor doctors would have little practice and do small harm.

Mr. Toomer thought it not fair to raise objections at this late time which could have been prepared earlier.

Mr. Hathcock said the bill should be recommitted.

Mr. Witt moved the previous question.

On the motion to reconsider the vote was: Ayes, 33; noes, 42.

Mr. Brown, of Prairie, said it seemed no sensible man would want to return to the old county board system abolished

two years ago. It is a serious thing to turn a man loose as a physician without full preparation.

Mr. Houck thought a good county board as good as the State board. The tendency is to drive trade in drugs and medical practice into the large towns, and in the hands of the few, men who have attended only one course of lectures make often the very best physicians.

Mr. Shaw thought there was little danger to the public in letting the boys get into the profession. He was a poor boy and had to work up in his profession.

Mr. Brown asked how many he killed before he got skilled.

Mr. Shaw did not know; no doctor could tell that.

IS IT "A STEP BACKWARD?"

Mr. South said that when the present law was adopted a great step was taken forward. This is a step backward. Firemen, pilots and others must have license and not from some "jim crow" board, but from competent boards. The present law has worked finely. Under the old and bad system a doctor up in the mountains who could not write his name had free scope to kill and had a large practice. Those who handle human life should pass a rigid examination.

Mr. Patton said the only difference is as to who shall examine. The county judge will appoint good examiners. Local acquaintance is of advantage and not a detriment.

Mr. Bradley said we needed the ablest practitioners. Local boards might be interested to crowd out a bright young man who would be an active competitor and admit a man who is not likely to gain much practice. Young men have no right to expect to learn through their mistakes where they involve health and even life. Lawyers practice in public, doctors in private and cover their errors in the ground.

Mr. Hudson moved the previous question. Carried.

Mr. Clement said some of the biggest fools as doctors he had ever known had two or three medical diplomas. He thought the doctor who couldn't write his name must be more able to practice medicine than the gentleman from Baxter is to practice

law. God fits and calls men to the work. Let them have a chance.

On roll call the vote was 40 ayes; 20 nays. Passed.

Mr. South gave notice of reconsideration.

Mr. Clement moved to reconsider and lay on table. Carried."

Comment is unnecessary. It may be proper to state that the introducer and advocate of the bill claims to be a doctor. He entered the profession in this State when the only prerequisite to practice was for one to profess and call one's self doctor. It is even doubtful if the learned gentleman ever aspired to a higher appellation than "doc." But we will not animadvert upon the subject. It is the same old story—ignorance, ignorance, dense, impenetrable ignorance and demagogism. It is probable the bill will pass the senate and become a law.

Editorial Notes.

The JOURNAL gently demurs to the doctrine of the learned "Doc" Clements that "God fits and calls men to the work of practicing medicine," for He "hast taught us in His Holy Word that He dost not willingly grieve or afflict the children of men."

The smallpox is prevailing in St. Louis, twelve hours distant by rail from Little Rock, and much nearer the northern part of our State.

A bill has been introduced in the legislature providing for the payment of experts called in behalf of the State.

In a suit for damages against the Iron Mountain Railway for ejecting from one of its trains a Hot Springs hotel-doctor drummer, the circuit court at Malvern decided in favor of the railway company.

The JOURNAL will be mailed the next two months free to all members of county societies and to all physicians who contemplate joining the State society at the next meeting. Please send the names at once.

The Arkansas Medical Society.

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The Time of the Next Meeting—Wednesday, the first day of May, 1895.

The Place of Meeting—Little Rock, Ark.

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The Time For Action.

The secretary has received the titles of several papers from physicians outside the State who desire to read them at our next meeting, but so far nothing has been heard from the members of the society. The JOURNAL desires to publish the provisional programme some time before the meeting, but it can not do it unless those who expect to prepare papers notify the proper officers in ample time. It is highly important that all preliminaries shall be arranged before the meeting. Those who expect to read papers are requested to send their letters to the secretary without any further delay.

The Annual Banquet.

At the last annual meeting of the society a considerable number of those present expressed the opinion that it would be well to dispense with some of the social features of our meetings and it was at that time thought that this year would be a good time to try the experiment. But as this is the twentieth year of the society's existence it has been decided that it would not do to dispense with the banquet at this meeting. So the banquet will be given and, may be, something else. Come and see.

A Good Suggestion.

The president of one of the local societies has suggested that at least five of its members prepare and read papers and have them discussed before the county society with the view of presenting and discussing them at the approaching meeting of the State society. This is a good suggestion and every county society should act upon it. In this way good papers and thorough discussions will be assured.

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County Societies.

The secretary of the Hot Springs Medical Society, Dr. T. M. Baird, is the only local secretary who has so far complied with the JOURNAL'S request that the names of members of county societies, not members of the State society, be sent to it so that such members could receive the JOURNAL free until the next meeting. The JOURNAL hopes that there is not another local society whose whole membership is not contained in the list of members of the State society, but if there are others it would be pleased to receive their names.

The Little Rock Medical Society.

Under the presidency of Dr. C. E. Nash, ably assisted by Dr. Vinsonhaler, the secretary, the society is taking on new life. The attendance has increased and the papers are more practical and interesting than usual. The next meeting will be devoted to practical demonstrations of modern urinalysis and the second meeting in March will be assigned to cerebral localization in which a properly prepared brain will be used. Work of this kind cannot fail to be productive of practical results.

A post-mortem of the late Hans von Bulow showed that in the scar of an injury to the brain, received in childhood, the ends of many nerve-fibres had become imbedded. It is thought that this accounts for the excruciating headaches from which he suffered through his life.—*American Lancet*.

The members of an Iowa pension board adopted the custom of letting one of their number make the examination of pension applicants while all three made oath to the result and collected fees as if each had examined the case. The government learned of the act, and by its court fined them \$1,500 each for fraud.—*American Lancet*.

Miscellany.

The Treatment of Diphtheria.

[Part of a Symposium of Papers on the Pathology, Symptomatology and Treatment of Diphtheria, read at the Meeting of the Philadelphia Chapter of the Alumni Society of the Jefferson Medical College, January 8, 1895.]

BY H. A. HARE, M. D., PROFESSOR OF THERAPEUTICS, JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA;
PHYSICIAN TO JEFFERSON MEDICAL COLLEGE HOSPITAL.

[From the Therapeutic Gazette.]

The pathology and symptomatology of diphtheria having been so thoroughly gone over by the gentlemen who have preceded me, it remains for us to study what are the best measures which we can employ: first, for the purpose of modifying the severity of the attack; second, for the relief of complications; and third, for the treatment of early and late convalescence. The fact being generally admitted that the disease is a local one, with secondary general involvement through the absorption of toxins, we are bound to take those measures from the first which will retard as far as possible the spread of the membranes which are the nest of the Klebs-Loeffler bacillus, thereby limiting their power to produce toxins.

Of the extraordinary advances made in pathology and therapeutics, the introduction and proof of the value of anti-toxin in cases of diphtheria is most worthy of note: first, because it places in our hands a weapon of undoubted value; and, second, because it illustrates the necessity of an understanding of the close relationship between perverted physiological function, or pathology, and the treatment of disease.

Before we glance at this method of treatment and the results which it has given us, let us understand the basis upon which it

rests. It being universally admitted that the bacillus of diphtheria, by its local growth, produces toxins which, when carried in the blood or lymphatics, destroy the function and organic life of the vital tissues, it is at once evident that in the body of the patient there must be two processes looking towards its own protection. The first is the effort at elimination on the part of the emunctories; the second is a hypothetical process, namely, that the tissues and liquids of the body contain, or at once manufacture, an antitoxin the effects of which are directly antagonistic to the toxin of the disease. Although vital resistance consists in far more than this simple and single method of defense, it suffices at present to discuss only this part of it. If the tissues can form enough antitoxin to protect the organism, the patient recovers; if they fail, either because they are feeble or because the dose of the toxin is overwhelming, the patient dies. In the case of diseases such as scarlet fever and smallpox, which rarely attack the same person twice, it perhaps may be said that immunity is conferred by the tissues being trained or educated, as it were, to prepare antitoxin in such large amounts when called upon that the entering wedge of a new attack is snapped off at the moment it begins to enter the field. While we rest this view of the case upon hypothesis, it furnishes us with a result which enables us to base the new treatment upon rational lines, and it would seem probable that the ability to develop large amounts of antitoxin possessed by certain animals, added to other defensive processes, renders them practically entirely immune from any attack of the disease at any time. Thus, the goat and horse are by nature practically immune to diphtheria, while the guineapig, on the other hand, is peculiarly susceptible. Supposing the horse and goat to be naturally able to resist diphtheria inoculation to the extent of almost complete immunity, it becomes necessary, in order to make the resistance of their blood serum absolute, to stimulate, if we can use such a term, their antitoxin preparing powers, and with this object in view, injections of the toxin derived from cultures of diphtheria germs are made into the blood of the naturally immune brute.

As a result the serum of the blood of the animal possesses the power not only of resisting diphtheria poison while in its own vessels, but confers immunity of a temporary kind upon any other animal into whose vessels some of it is injected. It was found experimentally that antitoxic goat serum, when injected into the susceptible guineapig, rendered that animal to a great extent insusceptible to inoculation by diphtheria. This is a very brief but perhaps sufficiently long explanation of the rationale of antitoxin treatment, which opens itself like a beautiful fan over many other diseases than the one we are discussing. As the serum, coming from different cultures and from different horses, must vary in strength, some basis for dosage or estimation of strength must be determined. This is done by determining the strength of some of the culture toxin by studying its effects on several different susceptible animals of the same species. After its toxicity is determined the toxin is given to an animal, and is antagonized by the injection of antitoxin. If, therefore, an animal weighs 400 grammes, and it takes .001 cubic centimetre of the antitoxin serum to protect it from the effects of a lethal dose of toxin, we can say that the strength of the antitoxin serum is as 1,000 cubic centimetres is to 400 grammes, or one part of antitoxin to 400,000 parts of body weight. We can, therefore, speak of a specimen of serum as of a strength of 1 to 400,000.

The dose of antitoxin serum is to be judged, then, by its known strength or power of conferring immunity and *by the severity of the disease and the susceptibility of the patient.* At present the dose of the ordinary antitoxin serum of Behring is 5 to 10 cubic centimetres, while that of the stronger serum of Aronson is much less. The injection is to be given by means of a large syringe, which is first rendered absolutely aseptic, into the broad of the back and allowed to gradually spread itself through the connective tissues without rubbing.

Without wearying you with details of the number of cases of diphtheria treated so far in Europe and America by the antitoxin, it may be stated that the gross percentage of mortality,

without taking favorable cases alone, and including operative cases, ranges from 5 to 23 per cent, as against the ordinary mortality of about 50 per cent.

An editorial summary in the *Boston Medical and Surgical Journal* of December 27, 1894, to which I have added a few reports, gives the following statistics:

Katz has reported from the Friedreich's Hospital, Berlin, 128 cases, with a mortality of 13.2 per cent. On the other hand, for the three years 1890 to 1893 inclusive, there were treated without antitoxin at the same hospital 1,081 cases, with a mortality of 38.9 per cent. Behring and Kossel report thirty cases treated by antitoxin, with a mortality of 20 per cent; Ehrlich, Kossel and Wassermann, sixty-seven cases with tracheotomy, mortality 44.9 per cent; Aronson, 192 cases, mortality 13 per cent; Roux, 443 cases, mortality 28 per cent. In the *British Medical Journal* there have been reported thirty-nine cases treated by various practitioners, mortality 7.6 per cent. Bokai, of Budapest, reports thirty-five cases, mortality 14.33 per cent, although the average mortality for the last three years in Budapest was 53.9 per cent. Borger has lately reported from Greifswald thirty cases, mortality 7 per cent. Kuntz reports twenty-five cases from Oschersleben, mortality 12 per cent. Korte, from the hospital in Urban, reports 121 cases, mortality 33 per cent; 106 cases were treated without antitoxin during the same period, mortality 45 per cent; thirty-seven mild or moderately severe cases, where the treatment was begun before the third day, gave a mortality of 3.3 per cent.

In this country Welch has reported four cases treated at the Municipal Hospital, Philadelphia, with one death, mortality 25 per cent; White, of New York, twenty cases, mortality 25 per cent; Williams, of Boston, six cases, mortality 17 per cent. Fischer had thirty-four cases and a mortality of 5.8 per cent, and Campbell White twenty cases with a mortality of 25 per cent.

The sum of the cases quoted above is a total of 1,423 cases, with an average mortality of about 24 per cent. This average

includes cases treated in various European countries and in America, under the most varying conditions. In addition to the above, 231 cases have just been reported which were treated at the Trousseau Hospital, in Paris, during October and November, with a mortality of 14.71 per cent.

"A study of the reports, both from hospital and private practice, shows the importance of beginning treatment early, before septic or other complications have arisen; and both private and hospital statistics are marred by the fact that many of the cases are admitted at late stages of disease. The marked variations in the severity of diphtheria epidemics and the great difference in mortality, according to the age of the child attacked, make it necessary, for the present, for us to suspend final judgment; but enough has been accomplished to make it the imperative duty of the profession to give the serum a fair trial."

"If the statement of Behring be true, a specific treatment of diphtheria and tetanus has been found. He even expresses the hope that in a short time tuberculosis and pneumonia may be added to the list. The possibility of extending serum therapeutics to other forms of acute, or even chronic, disease offers a field for enthusiastic work of almost boundless extent, and, if the hopes of its advocates be realized, for the actual accomplishment by scientific medicine of almost inestimable benefits to humanity."

But the splendid promises of the antitoxin method of treatment do not in the least degree enable us to cast aside the employment of the older measures of relief. We must still use every means in our power to carry the patient through the storm which is passing over him. I will not, and cannot in the brief space of time given me to-night, attempt the useless task of discussing many of the remedies which have been employed in these cases. The list is as long as the futility of their employment is great.

The object of this meeting is to enable us to carry away specific and distinct ideas as to what we are to do in the average case which comes to us for treatment, and I must ask you to be

content with the results I have reached in the preparation of this paper, and not ask for the details of each decision which is adverse to the use of what may be a favorite remedy or remedies with some of those here to-night.

By far the best remedy for modifying the local process which we can employ is hydrogen peroxide. It has stood the test of time both clinically and bacteriologically, and possesses practically all the advantages of the other local remedies less their disadvantages. Any fresh preparation—made by the best chemists—of the ordinary peroxide, of pharmacopœial strength, may be used, and it should be acid rather than neutral in reaction, as the acid aids in its effect on the membrane and germ. The strength to be employed should be about 3 per cent, or the official ten-volume solution, or if the membrane is very dense and tough, a more concentrated preparation may be used. This solution, applied by means of a swab or spray every hour, or less often, acts as a prophylactic in preventing toxæmia and respiratory obstruction by its destructive influence upon the false membrane, and, unlike many other active preparations, does not destroy the healthy tissues with which it may come in contact. The only other application which should be employed in its place is bichloride of mercury. Locally, it is to be employed by removing the membrane with a swab, and then with another swab applying a 1 to 1,000 solution to the raw surface. This is to be done every six to twelve hours. In other cases a 1 to 5,000 solution may be used in spray form. In nasal diphtheria this spray may be used alternately with one of boric acid. In laryngeal diphtheria local treatment is rarely efficacious, but one thing above all is to be insisted upon, namely, the use of the bronchitis tent of the English or of large amounts of steam in the room, obtained by means of slaking lime or boiling water. Whether there is any advantage in medicating this stream is a moot point. If it is medicated, turpentine is probably the best drug to use, in the proportion of a tablespoonful to a quart of water, evaporated every two or three hours. Of the surgical treatment I shall not speak, as it does not fall to my part

to-night to do so. Of irrigation I can only urge its avoidance if a proper spray can be had. Irrigation gags the child, and the struggles make the remedy worse than the disease. The same objection, I think, exists to the use of powders by insufflation. For the enlargement of the glands in the neck during an attack an ice-collar is very useful if the patient is not so feeble as to be dangerously depressed by the cold.

We still have the internal treatment of the disease, which may be divided into the supportant, the eliminative and the convalescent. The first is to be maintained by frequent feeding in small amounts, the use of wines which are dry and of a "high bouquet" and ready diffusibility, and the avoidance of anything which will exhaust the patient's strength, either medicinal, surgical or mechanical, such as sitting up to cough, to pass water, or to defecate. The foods given should be readily digested, leave a small residue, and be easily swallowed without mastication being needed. Beef tea, not too concentrated, broths of mutton and rice, or chicken and eggs in small quantity are useful. In nearly every case the food should be given at intervals of one to two hours, in small amounts, and with it a little whiskey or brandy or dry sherry or madeira. Frequently, too, the use of the tincture of the chloride of iron, in as full doses as the stomach will readily tolerate, well diluted, and given in some mild diuretic water, natural and artificial, is of great value. This use of chloride of iron internally has seemed to me to be particularly necessary in direct proportion to the degrees of sepsis resulting from the local lesion. How the drug does good I do not know, but nearly every one who has used it in general sepsis sounds its praises. As strongly as is urged the use of chloride of iron do I urge the absolute avoidance of two remedies so largely employed that in condemning them I stand opposed to a large number of physicians who use them constantly. They are chlorate of potassium and subsulphate of mercury, or turpeth mineral.

Half a century ago, through the writings of an eminent Irish practitioner, many of the profession were led to believe

that chlorate of potassium yielded its oxygen to the blood in large quantities, and was, therefore, a valuable drug to administer when the oxidation processes of the body were defective, or even where, through impaired respiratory function, cyanosis and dyspnoea were pressing symptoms.

As a matter of fact, chlorate of potassium does not give up its oxygen until it has been heated to a degree far above that which the human body can endure, and it has been proved again and again that it not only enters the blood as chlorate of potassium, but is so eliminated. Partly because of the idea that chlorate of potassium would, in the way mentioned above, relieve dyspnoea, and partly because it has a useful effect when locally applied to inflamed mucous membranes, and, finally, because it is well known that this drug is eliminated in the saliva, it has been the custom of many physicians to give chlorate of potassium in full doses internally in cases of diphtheria, with the idea that it acts favorably upon the pathological process characteristic of this disease. I believe that all cases of diphtheria which take chlorate of potassium internally may be divided into the two classes: first, those which get well by lucky accident, and, secondly, those which die quite as much from their physician as from their disease.

Chlorate of potassium, in the first place, is one of the most poisonous salts of the potassium group, ranking next to the cyanide of potassium in its lethal properties among the medicinal salts of potassium. In addition to the peculiar poisonous influence of potassium itself, the salt is exceedingly irritating to the kidneys, utterly destroying the functions of these organs when taken in poisonous dose. The progress of medical science has shown us that in diphtheria the patient dies sometimes from the obstruction to respiration, but far more frequently from the toxæmia which arises from the absorption of poisonous materials from the area upon which the membrane is developed. It is the function of the kidneys to eliminate these poisons, and the difficulty in many cases of diphtheria is that the kidneys become overwhelmed by the poison and are themselves so disorganized

that the toxic materials rapidly accumulate in the blood with disastrous consequences to the patient.

As chlorate of potassium possesses no oxidizing properties, such as have been claimed for it, and as it is an irritant to the kidneys, its administration to such cases is not only useless but, by throwing a double load of elimination upon the secreting epithelium of the kidney, distinctly militates against the recovery of the patient.

Turpeth mineral seems to me to be contraindicated by the strongest reasons possible and indicated by none. The dominant characteristic of diphtheria is a condition of depression, and the chief action of this salt of mercury is depressant and relaxant, whether the doses be emetic or smaller in size. If a mercurial effect is needed, on the ground, as some have held, that it decreases the plasticity of the blood and so diminishes the croupous exudate, then corrosive sublimate is certainly the mercurial to be used, although I am in serious doubt as to whether it does not do good by acting in an entirely different manner than the one just named, perhaps by stimulating cellular activity and thereby increasing phagocytosis or the production of anti-toxin. The doses should be large, not less than one-twentieth of a grain every four or six hours, well diluted with water. This use of mercury ought, however, only to be resorted to in strong sthenic cases. Of the value of turpentine internally the writer is in great doubt. Its use is not based on very rational grounds, since its antiseptic effect must be feeble and its irritating effect on the kidneys great. It seems much better to keep the stomach, as far as possible, for food, and avoid medicines unless they are distinctly of value and clearly indicated.

The use of digitalis combined with a little atropine to support the heart and vascular system may be resorted to if the circulation seems feeble, or in other cases small doses of aromatic spirit of ammonia are more serviceable. If the child is young, it is better to supplant digitalis by strophanthus, or small doses of nux vomica. Strychnine is best used in emergencies, and, as a rule, it is a mistake to employ it constantly.

If the heart or respiration suddenly fail and the vital forces flag, then it may be employed as a "whip" to lash the patient out of the mire in which he seems to be sinking with fatal effect.

Of the eliminative treatment we can say but little, save that the kidneys must be well flushed by copious draughts of pure lithia water, to which should not be added any potassium salt, owing to its depressing effects. So far as I am aware, hypodermoclysis has never been used for the ridding of the child's body of the poison of diphtheria, but it certainly ought to be tried in desperate cases.

The convalescent treatment is varied largely by the various sequelæ of the disease. One of the least alarming, but often very persistent, after effects is a severe anæmia, and in some cases albuminuria. Again, iron in the form of the tincture of the chloride is the best drug we can use. For paralysis, the employment of strychnine and electricity, with hydrotherapy, is advisable. Great care must be used that the patient does not make any sudden or great effort, mentally or physically, until there is every reason to believe that the heart has entirely recovered from the effect produced by the diphtheritic poison.

Nervous Exhaustion Among Physicians.

It is an admitted fact that physicians fall far short of the longevity attained by other professional classes. The clergyman has double the chances of life that the doctor has. The lawyer has 25 per cent more chances in the race for long life than has the doctor. English statistics class the death rate of physicians with that of liquor dealers, plumbers, painters, cutlery grinders, workers in stone, slate and quarries.

The question oft recurs: Why this excessive mortality among physicians? Antedating the death is the disability. What makes the disability?

Is it work? As a purely intellectual pursuit it cannot be said that the practice of medicine is harmful to health or life. In fact, neither mental nor physical work kills. Both invigorate

and demonstrably increase longevity. The actual work of the physician is of such a sort as peculiarly to promote health.

Is it risk? To some extent this must be answered in the affirmative. The physician is exposed to diphtheria, and not infrequently becomes infected and dies. He is exposed to all the contagious diseases, and occasionally suffers therefrom. He is exposed to syphilis, and during operations upon syphilitic subjects occasionally becomes infected, with sometimes serious results. During cholera and yellow fever epidemics, doctors are swept off with others who cannot fly the contagion.

Is it exposure? To some extent. Responding to calls at all hours of the night, the doctor not infrequently thus lays the foundations of a fatal disability. The drenching storms, the torrid heats, the chilling blasts, all take from the doctor who is below par some of his powers of resisting disease.

Is it the sufferings and sorrows of his patients? It has been the writer's lot to have known personally several talented, learned, skillful physicians who actually so carried the afflictions of their patients as to become swamped themselves with the load and sink to an early grave. Many others before they reached middle life became practically wrecks unfitted for longer work in the profession.

Is it anxiety respecting ultimate success? Doubtless this is a large factor with many physicians. Those who have passed through this ordeal will recall not a few that they have personally known to sink under the load.

Is it anxiety lest they fail to do the very best thing for their patients? Not a few suffer indescribably from this cause. So great is their desire to do the best possible for their patients, so conscious are they of lacking all knowledge and all wisdom, that they fear lest what they have done will fall short of what should or could be done—their nervous systems are in a state of unstable equilibrium all the time, and the derangements of digestion, circulation, etc., are correspondingly great.

Is it the unjust and unkindly criticisms of patients and their friends and acquaintances? The physician is not quite

human who is not hurt at such criticisms when he knows he has done the best possible. But as the criticism is from ignorance and overweening self-conceit, he is compelled to bear the hurt in silence.

Is it the unjust criticism of fellow physicians? Certainly this is a large factor in the high tension under which so many physicians are compelled to live. Treacherous stabs in the dark, made by fellow physicians, have killed as with a knife many sensitive, talented doctors. Reputations are destroyed by underhanded schemes of unscrupulous competitors; in the strife for high position, all who stand in their way are remorselessly laid low. This is done covertly. As it is said in the good book, "while he slept, his enemy sowed tares in his fields." Only as the grain ripens does the doctor know that the noxious weeds have been scattered. But then it is too late to rectify the evil.

Need this be so? We have a written code of ethics that is presumed to guide physicians so that they shall avoid doing injury to brother physicians; besides, in each community there is more or less an unwritten code of morals. But both are too often utterly disregarded. The combines of medical college, dispensary, hospital, etc., bring a factor of impersonality in this violation of the individual rights of outside physicians, that is even more heartless and destructive than the machinations of the most malevolent individual.

There are some physicians so constituted as to suffer but little if any from the causes mentioned. They are practically heartless. Lacking a vulnerable point, they shed all the arrows hurled against them. These fail of the highest success of the noblest physicians, but they lead a life of comparative comfort and safety. As they are the exception, we cannot hope that the medical profession will ever be entirely made up of men of their stamp.

Meantime the sacrifice continues.—*American Lancet.*

The "Crank" Problem.

Dr. C. B. Burr, late medical superintendent of the Eastern Michigan Asylum for the Insane, but now medical superintendent of Oak Grove, at Flint, Mich., thus pertinently discusses this subject:

There have been admitted during the last biennial period nineteen patients suffering from the form of disease known as paranoia. It may be truthfully said that the world has entered upon an era of cranks and crankism. The public has become accustomed to glaring headlines and full page newspaper accounts of homicidal acts directed against distinguished individuals. A sudden act of homicide is committed, and the public is momentarily shocked. The editor finds in the circumstance a convenient text from which to preach to physicians a sermon upon their duty as conservators of life, and to officials the obligations incumbent upon them to take care of the crank; but though officers of the law may have their duty to do impracticable things pointed out in dogmatic fashion, and though from the pulpit and press denunciation of the miscarriage of justice is made, the public soon lapses into indifference. The crank problem remains unsolved and history repeats itself. What shall be done with the crank? It would seem that the fallacy of the belief in the "harmless" character of his insanity has been clearly demonstrated, and emphasized in too many soul-stirring episodes to be longer entertained. Too long indulged in his whims and conceits, sent upon fools' errands, encouraged in vagaries, disappointed and thwarted in aims which he had marked out for himself, irritability has ensued. The "harmless" crank has become a homicidal insane person. That the public may be fully aroused to the dangers which menace it, and the conscience of society receive additional quickening from the contemplation of the subject of "harmless" lunacy, a description of the disease known to alienists under the name of paranoia seems not inappropriate to a public document of this character.

This is a form of mental alienation found almost exclusively among those whose brains are burdened through hereditary tendency. It is characterized by primary delusions. It develops without antecedent excitement or depression. It has a fixed constitutional character, but does not as a rule lead to deterioration of the psychical mechanism; to dementia. It is an evolutional disease and may be defined as a disease "occurring in one of congenitally defective nervous organization and marked by certain well defined symptoms which seem to be due to defects of development and frequently appear as an exaggeration of the natural characteristics." Strictly speaking, it is less an insanity than an imbecility of high order. It is the outgrowth of a distorted personality. One suffering from paranoia has been from childhood peculiar. He has developed unsymmetrically, has perhaps shown a genius in certain lines, but inaptitude for persistent effort. He has been scattering and impracticable, possibly precocious in school and in mechanical lines inventive, but possessing certain peculiarities in manner and conversation which bring upon him the designation of "eccentric." He is saturated with self-conceit, which in certain cases is conjoined with a degree of shyness. His emotions are easily aroused. He is resentful, is suspicious, and from youth out of harmony with his environment. After some slight illness or disappointment or indulgence, or without assignable cause, the objectionable peculiarities become more manifest. Suspiciousness takes possession of his mind and determines his conduct. Depression never, except incidentally, approaches the extreme degree observed in melancholia; neither are there present delusions of unworthiness or of poison, as in that disease. Later on, however, after the so-called transition stage is past, delusions of poison may arise, these being the logical result of other delusions—for example, that the patient's life is threatened by those jealous of his position. What he feels at first in his depression is a sense of impending failure, of persecution, of conspiracy. Perhaps at this period a love affair is broken off, a situation has been lost, or a busi-

ness venture has proven unprofitable. The misfortune is ascribed by the person to the machinations of his enemies. This, the so-called persecutory stage, may not be in all cases so distinct, but is the first in the chain of incidents. Following upon the persecutory stage, the period of transition appears. Some event occurs in the person's life which gives him the clue to the mysteries surrounding his past and to the persecution to which he has been subjected, and explains the reason for the trouble which he has undergone. In a case resembling that of Guiteau, which was reported by the writer several years ago, a visual hallucination was the turning point, this being interpreted as indicating that the patient was inspired, and that the power of the Lord had come upon him as upon Paul. To another patient, now under observation, arrest and incarceration in jail between two thieves gave the impression that his life was destined to a divine purpose similar to that of Christ. The third stage, that of fully developed delusions, is but a step further. From the mysterious happenings, through putting this and that together by a process of reasoning, a delusion is developed, which has a logical basis, a fixed character, and does not yield to treatment. One may fancy that he was born a prince, but changed in his cradle and brought up by lowly people who had in view concealing his identity. Another may believe himself a good statesman, deterred by political influences from reaping the distinction to which his merits and influence entitle him. One may have schemes for empires or kingdoms upon earth, of which he shall be the head. Another may be satisfied with evangelizing the world. The persons reason correctly from false premises, their statements are coherent and rarely confused, their ability to express themselves depending upon natural endowments and the degree of education received. Dementia—acquired weakness of mind—is rarely conspicuous, and many retain until late in life practically unimpaired memory, and tolerably full possession of original capacity to reason and to judge. With a fixed delusion the individual goes on for years, making a precarious living, perhaps accumulating means

through some ingenious invention. As a rule, however, he is too lacking in application to succeed, is neglectful, dissatisfied and meddlesome. In religious profession and politics he is changeable, bowing at the shrine of every strange God. He is the bane of office holders, the critic of the theologian, the editor's adviser. He is called harmless. His neighbors would resent any interference with his constitutional rights and attempts to abridge his liberties. A jury would be very apt to see in his conduct, not insanity but eccentricity. Being able to express himself correctly, sharp in the conduct of his own case in court, skillful in concealing delusions if self-interest prompts, a jury is reluctant to favor his sequestration, or even to take from his control the property which he is dissipating. He is, as he always was, "just a little off," is said, and the community drifts on unconscious of danger, ignorant of the tyranny of an insane delusion until a bomb is thrown, a shot fired, a building burned, in revenge for a wrong or slight. Not infrequently some real basis for revengeful feeling exists. The individual asserting his claims upon office, has been put off by fair words, has been deceived into the belief that he is about to obtain recognition and that his ambitions are to be realized. Logically and in premeditation he lays plans to rid the earth of the one who has betrayed him and held out promises which he never expected to redeem. "I shall be a public benefactor if I rid the earth of the presence of this man," the paranoid argues. His sense of self-esteem is tickled by the prospect of notoriety and public applause. He expects to be hailed as the deliverer of the down-trodden. Does he know right from wrong? Unquestionably he does, in the sense in which the legal test is applied. Could he abstain from doing the wrong? Possibly, were a sufficiently strong motive applied, or were he placed under circumstances which would relieve his illfeeling. Should he be hanged or punished as a criminal? In my judgment not. I am unable to subscribe to the recent legal theory, "Insane, but responsible." Would his punishment have a deterrent effect upon other criminals? In my judgment not.

The homicidal act of the patient whose case resembles Guiteau's, and to which allusion has previously been made, was committed in the face of strong public sentiment against Guiteau, and a short time following his execution. The assassination of one distinguished man follows upon the heels of that of another. The second assassin is not deterred from committing homicide because of the punishment of the first. He may plead insanity in his own defense in court, but he will wish to have the term applied in a legal sense. He would be regarded constructively insane, not insane from a medical point of view. He looks up on the plea, in the absence of being able to plead justification on the ground of public expediency, as a good enough excuse by which to escape the gallows, as did Guiteau, or as an easy means to secure a pension, as did a patient of my own.

What should be done with the crank? He should be sequestered and cared for away from his family and home. Outside of asylums such persons menace the safety of society. Of 15 cases of paranoia to which I have had occasion to refer recently, one had threatened the judge of probate with a shotgun; another, in fit of jealous rage, had assaulted his wife and daughter with a sled stake; a third came to the asylum with a revolver in her possession which she had intended to use against her fancied persecutors; a third made a pilgrimage to Washington to obtain from the attorney general of the United States redress for grievances. One had made such violent demonstrations toward his wife that she dared not remain alone with him. Another assaulted a railroad president because a bit of advice respecting "nickle-plating rails" was not followed, and because he had failed to receive a desired situation on the road. Another threatened to blow up the city hall with dynamite. One had threatened to do violence to her friends; another to shoot and burn; another had beaten his wife because of the belief that she was conspiring with the priest against him. The twelfth had paraded about dressed in a fantastic suit and carrying a two-edged sword—this because of desire to appear correctly in the biblical character which he supposed himself to represent.

The public should learn to protect itself from persons of this description. Let officials act, where relatives having no appreciation of the needs of the patient, fail to act. Let the belief in "harmless insanity" disappear, and let the public awaken to a sense of its responsibility to care for the crank—the individual sane on all subjects but one—the delusion tyrannized paranoiac.

—*Alienist and Neurologist.*

The Hotel-Doctor.

The following sketch, says the *New York Medical Journal*, in far greater conformity to the facts than is common in newspaper articles on medical topics, appeared in the *Sun* recently:

"Most New York hotels have a resident physician. He is known as the hotel-doctor. He has nicely furnished apartments, all the latest instruments and books of his profession, and is considered an important person. The resident physician at the Astor House, the Fifth Avenue Hotel, the Gilsey, the Imperial, the Windsor, and other hotels of the same grade, treat the most important men in political and business life. Their patients also include some of the richest women in America, and their sons and daughters. Many of the physicians of the hotels have been men of recognized ability, yet inquiry the other day developed the interesting information that the profession at large regards them with certain peculiar notions. Furthermore, it was made clear that there is no real bond of sympathy between the hotel physician and his transient patients.

"'Professionally speaking, the life of a hotel-doctor is not pleasant,' one of them said. 'Financially speaking it has its advantages. Just how some physicians attach themselves to hotels is peculiar. The doctors who do this seem to be averse to enduring the early struggles of a young physician. We have all heard of young physicians in the country who spend their last dollar in hiring carriages in order to wheel madly through the town with the hope of impressing the residents with the size of their practice. There is method in such a course, and

there is just as much method when a young physician in the city keeps his eye open for a hotel berth. As soon as this is found he gets together all his spare cash and hires a room in the hotel. He then gets permission of the proprietor to hang out his shingle.

"In many cases, physicians who started in early life with a hotel berth, merely to get transient patients and avoid the dull and heart-aching waits for practice, have continued on at the hotel until they are old men. Yet there is always a pang in their hearts. They are like many old bachelors who look around them and see their friends surrounded by happy families. There is a dull longing in the hearts of these old bachelors on such occasions. Just so the hotel-doctor looks on his brother physicians with steady practice in families that have learned to regard them with fondness and esteem. As these hotel doctors grow older they continue fond of their ease. They do not have to go out at all hours of the night, in all sorts of weather. Their patients are right at hand, and there is little discomfort in their lives. Yet I never saw a hotel physician who lingered on in one berth until past the meridian of life who did not regret that he had not encountered the early struggles of young physicians, with the terrible grind, the anxiety for practice, and all the disadvantages of poverty, but with the knowledge that they are steadily climbing in their profession, and surrounding themselves with patients who become their truest friends.'

"The hotel physician paused in his story, and then intimated that the great physicians of New York City were rather inclined to look down upon the men of the same profession who reside in the hotels, or at least upon those who have passed most of their days as hotel physicians.

"These great physicians,' he continued, 'believe that we are actuated solely in our profession by money considerations. They do not believe that we have the profession at heart. They themselves believe in financial results, but the most of them aver that these are not the only considerations with them,

and that they are students of every new feature in the profession for the profession's sake. They declare that we are not. If I had my life to live over again I would not be a hotel physician. I would go out and struggle, and have the regard and esteem of a class of permanent patients, and the honor that redounds to a physician in the broad field of his practice. I would advise all young physicians who begin a hotel career to continue in it only long enough to obtain money to keep them in the world until they can get a footing. We are not regarded as specialists or as great in any feature of the profession. We are simply at hand to attend to the passing ills of transient patients, who don't care a copper for us, and in whom we have only the ordinary professional interest. I cannot speak too much of the tender relations that exist between the family physician and his old patients. It is one of the beautiful things in life, and one in which we hotel physicians have no part. I have attended many of the greatest statesmen and many of the most beautiful and accomplished women of the United States, but I doubt if they even remember my name, much less my appearance, and neither do I believe that they recall the help I gave them when they were in pain and distress. It is far different with the family physician. The husband and wife are grateful to him in the majority of instances until their last hours. Their children, and, in numberless instances, their grandchildren, hold fast to the old doctor, and if the doctor has a son they fasten to him, and so it goes on. There is a tie of friendship. It is similar to the confidence many families place in the old lawyer.'

"In other ways the hotel physician meets with unpleasant experiences. Many guests dislike to call in a strange physician, and do so only when their condition makes it absolutely necessary. There seems to be distrust of a strange or hotel physician, and innumerable instances are related where guests at some of the largest hotels in New York have risked death in order to get back home to their family doctor. These instances hurt the hotel doctors' pride, both as men and physicians.

"The hotel physicians of New York, though, are pleased at the more kindly spirit they observe among hotel proprietors in the event of a death in the hotel. Only a few years ago the death of a guest in a hotel was followed by summary action on the part of the proprietors. The body was hurried out of the hotel as quickly as an undertaker could be summoned. The hotel physicians say that this practice brought about many deaths, for the reason that sick people took all sorts of risks in getting to their homes, dreading to die in a hotel. Now, however, the average hotel proprietor is all kindness on occasions of death. Everything is conducted very quietly, but he assures the relatives that there is no need for unseemly hurry in removing the body. Many times the preliminary funeral services are conducted in the hotel.

"But this is a story about hotel physicians and their chances of fame and fortune. It is the advice of one of the oldest hotel physicians in New York City that young men starting in life would be far better off in the end if they took to the woods and built up a practice, instead of becoming hotel physicians and living in comparative ease and comfort, but without any of the real blessings of the profession."

The Discovery of Anæsthesia.

[Editorial, Harper's Weekly.]

There was recently erected in Hartford, Conn., a bronze tablet bearing the following words, inscribed beneath a portrait profile in half-relief:

"To the memory of Horace Wells, dentist, who upon this spot, December 11, 1844, submitted to a surgical operation, discovered, demonstrated, and proclaimed the blessings of anæsthesia."

The erection of this tablet, marking the semicentennial of Dr. Well's alleged discovery, recalls a historic controversy that was waged very bitterly forty years ago. The question was which one of four men was entitled to the credit of having given to the world one of the first important scientific discoveries to

come from America—that of anæsthesia. The four men who claimed the honor were Dr. C. W. Long, of Jefferson, Ga., Dr. Horace Wells, of Hartford, Conn., Dr. Charles T. Jackson, of Boston, and Dr. W. T. G. Morton, also of Boston.

Notwithstanding the unequivocal assertion of the Hartford tablet, it cannot be said that a concensus of opinion has yet settled this controversy. The essential facts bearing on it, however, are reasonably established.

Dr. Wells used ether December 11, 1844. Rumors of the event reached Boston. They were taken up by Dr. Jackson, a chemist, and by Dr. Morton, the former aiding to some extent in the experiments of the latter. Dr. Morton induced the authorities of the Massachusetts General Hospital to permit him to demonstrate the power of ether on a patient in the operating room of the hospital, and this was done October 16, 1846, with results that astonished the surgeons.

This demonstration, beyond question, was the determining factor in bringing ether into use as an anæsthetic. The discovery, in the words of Dr. Holmes, "was formally introduced to the scientific world in a paper read before the American Academy of Arts and Sciences by Dr. Henry J. Bigelow, one of the first, if not the first, of American surgeons." Dr. Holmes himself suggested to Dr. Morton the name anæsthesia, which was finally adopted in place of "letheon," which Dr. Morton at first preferred.

If then, it be considered that to promulgate an idea is a greater achievement than to originate the idea, the claim of Morton would seem to secure to him the title of discoverer of the blessings of anæsthesia. And, in point of fact, the world usually does so decide as regards contested discoveries. Columbus and not a Norseman is said to be the discoverer of America. Darwin and not Lamarck is thought of as the discoverer of the laws of evolution.

But if, on the other hand, it should be held that the original discoverer is entitled to the credit of full discovery, even though this idea fails to germinate in the minds of others, then

Morton's claim must be set aside, for it is conceded that Dr. Wells preceded him in the use of ether as an anæsthetic.

But even here the case does not rest, for it is alleged, and the claim is said to be well substantiated, that Dr. Long preceded Dr. Wells in the use of ether, as wells preceded Morton. It is claimed for Dr. Long that he noticed while a student that "persons who had hurt [*sic*] themselves while intoxicated with ether suffered no pain." He thereupon applied the observation, using ether as an anæsthetic in a minor surgical operation as early as March 30, 1842.

Since, then, it appears that Dr. Long preceded Dr. Wells by more than two years, while it required the efforts of Jackson and Morton to give the idea of anæsthesia fertility, it is plain that the unqualified statement of the Hartford tablet is hardly justified by the facts. However, it is hardly fair to ask that memorial tablets should hold too rigidly to the details of history, and no one will deny that Dr. Wells deserves great honor for his share in the discovery of anæsthesia, which was certainly of great importance.

A Lay Criticism of Doctors.

A certain daily newspaper recently offered the following characterization of doctors:

1. They are intolerant of criticism or contradiction.
 2. They are unwilling to acknowledge each other's gifts.
 3. They think they know it all.
 4. With advancing years this dogmatism and intolerance increases so that they do not hesitate to designate as a knave, a fool, or a clown, anyone who ventures to differ from them in matters professional or otherwise.
 5. They utter most absurd statements in defense of their professional pride.
 6. Lastly, the average doctor needs especial training to bring him into the category of a true gentleman.
- With reference to these sweeping charges, it may be said that the large-minded physician is always ready to acknowledge

the ability and skill of his rival and of all other physicians. Their good deeds and their model life he is ever ready to commend. To the laity he never speaks of the faults and frailties of the members of his guild. Such criticisms as occur to him he presents to the individual himself or his intimate friends, in the hope of inducing a correction of the same and so an ennoblement of the profession. Such a physician is ever modest, self-contained, ready to learn from every source that which may aid in his studies or his work. He has tact. While it is needful that he hold with a firm rein the interests committed to his charge, he does it so deftly as to excite deference to his wishes rather than rebellion. He does not go about with a "chip" on his shoulder seeking a quarrel with the first individual who differs from him. Rather he goes about as the friend and helper of all who seek his aid in any emergency. His manner and his life are free from just those things which in the foregoing citation are laid to the charge of the medical profession.

But we are bound in all honesty to admit that those physicians who are most apt to be seen by newspaper men are but too often innocent of the training of educated gentlemen, however able they may be as physicians. The newspaper man knows them, as they look to him for free advertising. They wear out their shoes visiting the reporter's quarters. They ventilate their views before the public on all occasions, whether they have any adequate knowledge of the topic or not. Having bullied helpless sick people, ignorant withal, they think the same tactics adequate for their dealings with other people.

It is hard to find a general remedy for this evil—this discredit to the profession. The sifting process must begin early—the earlier the better. All that the profession can do in this direction is to guard against cheap diplomas by securing a preliminary requirement of college training; and further to use such quiet and persistent moral means as may be at command to convert their erring brothers to better ways of thinking.—*American Lancet.*

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**Little Rock and Fort Smith, Ark., Climate and
Rate of Mortality.**

BY E. G. EPLER, B. A., M. D., FORT SMITH, ARK.

When the matter of the climate of Arkansas and the healthfulness of the State was brought up for discussion at the World's Fair Congress of Medico Climatologists, June, 1893, at Chicago, a man was heard to say, "What good can be said of Arkansas?" After the reading of the paper, in which the advantages of the climate of our State were duly set forth, he exclaimed, "It is all a big lie, or I have been badly misinformed. Having traveled much and observed closely, he had hitherto failed to hear anything complimentary to the State of Arkansas. It seems that this man fairly expressed the opinion regarding Arkansas that is entertained north, south, east and west of us. How can it be otherwise, as idle rumors or mere guesses form the basis upon which public opinion is founded? There are three or four towns in the State that have fair mortuary records. Since Dr. Dibrell, of Little Rock, in 1882, prepared the report

of the then active State Board of Health, no authoritative statement has been made regarding the vital statistics of this State. Why should not any one ask, "What good can be said of Arkansas," as her citizens seem so loth to record deaths occurring there? Howsoever false the idea, that Arkansas is a veritable graveyard, prevalent as it is, must be very detrimental to our interests.

Among the questions naturally asked first by the home-seeker in a strange land are, how is the health of the community, what are the sanitary surroundings, what of the climate? If answered unfavorably, he turns elsewhere.

The fact that the questions regarding the rate of mortality here must be answered in general terms, as we have no authoritative data to offer for a reply, carries with it condemnation of our lack of enterprise, or is an exhibition of fear lest the presentation of honest statistics might prove injurious to us. Lack of development is observed all around us. The great need of the hour is an influx of brainy, able-bodied men, if great natural resources are to be made profitable. To aid in accomplishing this very important object, clear, concise, honest statements as to the nature of the more common diseases, death rate, sanitary surroundings and climate of each important point are essential and should be at hand.

The result of a careful study of such statistics as are available is most favorable. Judging from these data, we need not be ashamed of the climate of this State nor the recorded rate of deaths, but we may boast of our advantages in these respects as we do of the natural resources. In support of this position the following statements regarding Little Rock and Fort Smith, the two principal towns of the State, are submitted:

Little Rock, located on the south bank of the Arkansas River, about the center of the State, has naturally a good site. The altitude is 286.5 feet. Water used for drinking and cooking is obtained for the most part from wells and cisterns.

Heretofore the water supplied by the Home Water Company from the Arkansas River has not been fit for use. Recently the so-called American system, that of injecting alum solution into the mains and filtering through sand, has been adopted. By this process a coagulum of organic matter and alum is formed and deposited on the sand. The filtrate is clear, sparkling, potable, and free from organic matter and alum. The amount of alum employed varies with the condition of the water. In January, 1893, 1-16 grain to a gallon rendered the river water quite clear. As much as $1\frac{1}{2}$ grains per gallon has been required. Fourteen filters with an aggregate capacity of 3,000,000 gallons per diem are in use. Since the adoption of this system, up to January last, over 800 applications for cooking privileges had been received by the company.

The sewerage of the town is in a bad condition. In the annual message of the Mayor, April, 1892, he thus speaks of the sewers :

"We have no general system. We have 13 miles of sewerage, known as the 'Waring system.' Twenty-one districts in the city, every one laid as a separate sewer district, only to accommodate the district included in the petition, and barely large enough to accommodate said district. From time to time other districts have been formed and their sewers connected with the already overburdened small pipes. About three-fifths of our city has no sewers."

It is evident that wells and cisterns in such a place must sooner or later become contaminated.

Street paving has been actively pushed. According to the city engineer's report (1892) 11 blocks were paved with granite, $30\frac{1}{2}$ with vitrified brick, $33\frac{1}{2}$ with macadam, 224 with gravel —20 miles in all.

Throughout the year the weather has been moderate. The following meteorological report was furnished by the United States signal service station, Little Rock:

TABLE NO. 1—U. S. WEATHER REPORT, LITTLE ROCK, ARK.

Latitude 34 Degrees, 45 Minutes North; Longitude 92 Degrees, 6 Minutes West.

| 1892. | Temperature. | | | | | Prev. direc. of wind. | Rainfall. In's. | No. Days. | | | |
|----------------|--------------|----------|-------|---------------|-------|-----------------------|--------------------|-----------|-------|---------|--------|
| | Maximum. | Minimum. | Mean. | Absol. range. | | | | Clear. | Fair. | Cloudy. | Rainy. |
| January..... | 69 | 10 | 35.8 | 59 | N. W. | 3.92 | 19 | 3 | 9 | 10 | |
| February..... | 70 | 30 | 50.7 | 40 | N. | 3.44 | 10 | 9 | 10 | 11 | |
| March..... | 81 | 17 | 48.6 | 64 | N. W. | 2.55 | 13 | 6 | 12 | | |
| April..... | 86 | 42 | 61.8 | 44 | S. | 7.53 | 10 | 8 | 12 | 12 | |
| May..... | 80 | 45 | 67.4 | 40 | S. | 9.62 | 5 | 13 | 13 | 16 | |
| June..... | 93 | 54 | 77.0 | 39 | S. | 2.48 | 10 | 12 | 18 | 10 | |
| July..... | 95 | 61 | 79.0 | 34 | S. W. | 3.10 | 6 | 9 | 16 | 15 | |
| August.... | 96 | 61 | 78.4 | 35 | N. E. | 6.63 | 8 | 13 | 10 | 12 | |
| September..... | 90 | 53 | 71.4 | 37 | E. | 3.54 | 23 | 4 | 3 | 2 | |
| October..... | 85 | 38 | 64.2 | 47 | N. E. | 2.82 | 16 | 8 | 7 | 8 | |
| November.. | 75 | 29 | 50.0 | 46 | E. | 8.02 | 9 | 7 | 14 | 12 | |
| December.. | 70 | 10 | 40.4 | 60 | E. | 8.48 | 8 | 3 | 20 | 13 | |
| Annual..... | 96 | 10 | 60.4 | 86 | N. E. | 62.13 | 137 | 95 | 134 | 130 | |

The population of this place is, white, 20,000; colored, 10,000; total, 30,000. The following list of deaths was taken from the city clerk's register. Still-births, deaths from accidents, or nonresidents, and at the State penitentiary have not been counted:

TABLE NO. 2—MORTALITY TABLE, LITTLE ROCK, ARK., 1892.

| MONTH. | IMMEDIATE. | | | | | | | | | | | | IMMEDIATE. | | | | | | | | | | | |
|-----------------|------------|-------|-------|----|-------|-----|---------|---|---|-------|-------|-------|------------|-------|-------|-------|-------|-------|---------|-------|-------|-------|----|-------|
| | DEATHS. | | | | | | DEATHS. | | | | | | DEATHS. | | | | | | DEATHS. | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| January | 1 | 1 | 11 | 2 | 3 | 1 | 13 | 1 | 5 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 |
| February | 5 | ..... | 1 | 8 | ..... | 1 | ..... | 1 | 3 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 2 | ..... |
| March | 11 | 1 | ..... | 9 | ..... | 1 | ..... | 1 | 4 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 |
| April | 3 | 3 | 2 | 12 | 1 | 1 | 1 | 1 | 2 | 1 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 1 |
| May | 3 | ..... | 3 | 1 | ..... | 1 | ..... | 1 | 2 | 2 | ..... | ..... | ..... | ..... | ..... | ..... | ..... | 1 | 2 | 3 | ..... | 2 | 1 | 1 |
| June | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| July | 5 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| August | 9 | ..... | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| September | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| October | 5 | ..... | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| November | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| December | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Total | 2 | 142 | 5 | 7 | 5 | 490 | 7 | 3 | 2 | 9 | 6 | 1 | 5 | 1 | 2 | 1 | 219 | 1 | 125 | 2 | 7 | 1 | 15 | 6 |

TABLE NO. 2—MORTALITY TABLE, LITTLE ROCK, ARK., 1892.—Concluded.

Total deaths, 536.

White Population, 39,888; colored population, 18,888.

Annual rate per 1,000 = 17.8

A summary of deaths at Little Rock, classified according to age, sex, color, is presented in Table No. 3.

MORTALITY TABLE NO. 3, LITTLE ROCK, ARK.

| | Female. | Male. | White. | Colored. | Adults. | Children under 15 years. | Total. | | Female. | Male. | White. | Colored. | Adults. | Children under 15 years. | Total. |
|------------------|---------|-------|--------|----------|---------|--------------------------|--------|------------------|---------|-------|--------|----------|---------|--------------------------|--------|
| January | 29 | 36 | 34 | 31 | 45 | 20 | 65 | July | 24 | 30 | 30 | 24 | 29 | 25 | 54 |
| February..... | 15 | 29 | 19 | 25 | 33 | 11 | 44 | August | 28 | 26 | 33 | 21 | 34 | 20 | 54 |
| March | 17 | 20 | 19 | 18 | 28 | 9 | 37 | September ... | 21 | 17 | 20 | 18 | 20 | 18 | 38 |
| First quarter... | 61 | 85 | 72 | 74 | 106 | 40 | 146 | Third quarter... | 73 | 73 | 83 | 63 | 83 | 63 | 146 |
| April..... | 23 | 16 | 17 | 22 | 32 | 7 | 39 | October..... | 26 | 27 | 32 | 21 | 31 | 22 | 53 |
| May | 12 | 18 | 17 | 13 | 13 | 17 | 30 | November..... | 17 | 20 | 17 | 20 | 26 | 11 | 37 |
| June | 19 | 25 | 22 | 22 | 28 | 16 | 44 | December.... | 21 | 20 | 22 | 19 | 28 | 13 | 41 |
| Second quarter | 54 | 59 | 56 | 57 | 73 | 40 | 113 | Fourth quarter. | 64 | 67 | 71 | 60 | 85 | 46 | 131 |
| | | | | | | | | Total..... | 252 | 284 | 282 | 254 | 347 | 189 | 536 |

From this table it appears that the colored people, though one-third of the population, furnish nearly half the deaths. Annual rate of mortality per 1,000 white population is 14.1, while that of the colored population is 25.3. In Table No. 4 deaths from special diseases have been classified according to age, sex and color.

TABLE NO. 4—DEATHS DUE TO SPECIAL DISEASES, LITTLE ROCK, 1892.

| | Female. | Male. | White. | Colored. | Adults. | Children. | Total. |
|---|---------|-------|--------|----------|---------|-----------|--------|
| Tuberculosis, fibroid phthisis, hæmoptysis and phthisis pulmon. | 52 | 50 | 32 | 70 | 92 | 10 | 102 |
| Pneumonia | 14 | 28 | 24 | 18 | 29 | 13 | 42 |
| Broncho pneum..... | 2 | 3 | 5 | ..... | 4 | 1 | 5 |
| Bronchitis | 3 | 4 | 3 | 4 | 3 | 4 | 7 |
| Other pulmon. affections | 8 | 4 | 5 | 7 | 9 | 3 | 12 |
| Total diseases of lungs..... | 79 | 89 | 69 | 99 | 137 | 31 | 168 |
| | | | | | | | |
| Typhoid fever..... | 10 | 5 | 10 | 5 | 14 | 1 | 15 |
| Malarial | 12 | 13 | 10 | 15 | 17 | 8 | 25 |
| Cont. and typho-malarial fever..... | 4 | 4 | 4 | 4 | 6 | 2 | 8 |
| Remittent..... | 3 | 4 | 3 | 4 | 1 | 6 | 7 |
| Congestive and pernicious fever..... | 4 | 7 | 7 | 4 | 9 | 2 | 11 |
| Intermittent..... | ..... | 1 | 1 | ..... | 1 | ..... | 1 |
| Mal. Hæmaturia ..... | ..... | 2 | 2 | ..... | 1 | 1 | 2 |
| Malar. compli..... | 1 | ..... | ..... | 1 | 1 | ..... | 1 |
| Total f vers..... | 34 | 36 | 37 | 33 | 50 | 20 | 70 |
| | | | | | | | |
| Malig. tumors..... | 6 | 5 | 8 | 3 | 11 | ..... | 11 |

From the above table it is seen that the colored people suffer greatly from pulmonary affections, especially phthisis pulmonalis. It is to be observed also that they are quite as susceptible to malarial fevers as the whites. Thirty-nine per cent of deaths among colored people were due to diseases of lungs; 27 per cent to phthisis pulmonalis alone; 13 per cent to fevers. Twenty-five per cent of deaths among the whites were due to diseases of lungs; 11 per cent to phthisis alone; 12 per cent to fevers. Among colored people deaths due to phthisis equals 7 per thousand of population; among the whites equals 1.6 per thousand.

West of Little Rock, 150 miles, on the south bank of the Arkansas River at the mouth of the Poteau River is Fort Smith, a thriving town, second only to Little Rock in population and importance. The ground rises in successive ridges from the two rivers until an elevation of 100 feet above the water level is reached. The surrounding land is hilly and well drained. There are no morasses in the vicinity. The Poteau, a stream some 20 feet deep and 100 yards wide, rises in the mountains 60 or 70 miles south of Fort Smith. The city water is pumped from this stream at a point $1\frac{1}{2}$ miles above the town, through sponge filters, into a reservoir and thence into the mains. The water is fair for river water. Wells and cisterns that formerly supplied the water for domestic purposes—and incidentally diluted sewerage—are becoming less popular and are being supplanted by the more healthful river water. The entire city has been made a sewer district—Waring system. Connection is obligatory. Kitchen and closet refuse only is carried by this sewer. Surface drainage, naturally good, has been greatly improved by walling in the town brook that formerly ran through the center of the city. Two of the main streets are paved with vitrified brick. To the south are several ranges of mountains—Backbone, Poteau and Cavanaugh. The foot-hills of the Boston Mountains spring from the opposite bank of the Arkansas. These hills reach an elevation of 2,000 feet within 50 miles of Fort Smith. They are a great protection to the town from the north winds. It is on this account that the spring is fully a month earlier at Fort Smith than at Fayetteville. The weather experienced at Fort Smith during 1892 is shown by Table No. 5.

TABLE NO. 5—U. S. SIGNAL SERVICE STATION WEATHER REPORT, FORT SMITH, ARK., 1892.

Latitude 35 Degrees, 22 Minutes North; Longitude 94 Degrees, 21 Minutes West;
Altitude, 471.5 feet.

| 1892. | Mean measure, barometer. | Temperature. | | | | Weather. | | | | Rainfall. In's. | Me n meas. rel. hems. | Prevailing wind. | Per cent. | Avr. cloudiness. |
|----------------|-----------------------------|--------------|---------|-------|------------------|----------|-------|---------|--------|--------------------|--------------------------|------------------|-----------|------------------|
| | | Highest. | Lowest. | Mean. | Absol. Range. | Clear. | Fair. | Cloudy. | Rainy. | | | | | |
| January .. . | 30.155 | 72 | 2 | 33.8 | 74 | 20 | 3 | 8 | 6 | 1.98 | 69.2 | E. | 39 | |
| February .. . | 30.128 | 69 | 26 | 47. | 43 | 14 | 2 | 13 | 11 | 2.51 | 72.2 | E. | 31 | |
| March .. . | 30.098 | 80 | 20 | 48. | 60 | 15 | 5 | 11 | 11 | 2.71 | 63.3 | E. | 35 | |
| April .. . | 30.009 | 91 | 36 | 61.4 | 55 | 15 | 7 | 8 | 15 | 4.91 | 59.2 | E. | 35 | |
| May .. . | 29.939 | 89 | 42 | 66.7 | 47 | 8 | 8 | 15 | 20 | 10.59 | 73.6 | E. | 29 | |
| June .. . | 29.957 | 95 | 52 | 76.6 | 43 | 18 | 8 | 4 | 11 | 2.38 | 72.2 | E. | 28 | |
| July .. . | 30.042 | 99 | 64 | 80.4 | 35 | 10 | 15 | 6 | 8 | 2.06 | 72.4 | E. | 37 | 4.7 |
| August .. . | 29.977 | 100 | 55 | 78.9 | 45 | 12 | 14 | 5 | 10 | 3.36 | 74.5 | E. | 40 | 4.5 |
| September .. . | 29.586 | 92 | 48 | 71.5 | 44 | 24 | 4 | 2 | 4 | 1.84 | 72.2 | E. | 57 | 2.0 |
| October .. . | 30.086 | 91 | 33 | 63.6 | 58 | 18 | 7 | 6 | 10 | 5.73 | 71.0 | E. | 40 | 3.6 |
| November .. . | 30.142 | 74 | 29 | 49.1 | 45 | 11 | 7 | 12 | 9 | 1.94 | 66.4 | E. | 42 | 4.9 |
| December .. . | 29.612 | 72 | 2 | 39.1 | 70 | 6 | 8 | 17 | 17 | 6.12 | 79.8 | E. | 35 | 7.0 |
| Annual..... | | 100 | 2 | 59.7 | 102 | 171 | 88 | 107 | 133 | 46.13 | ..... | ..... | ..... | ..... |

The following list of deaths due to disease that occurred at Fort Smith during 1892 has been copied from the register in the city clerk's office. Still-births, burial transfers and deaths of nonresidents and from accidents have not been counted.

TABLE No. 6.—MORTALITY RECORD, FORT SMITH, ARK., 1892.

| MONTH. | MALARIAL, COMA, & FEVER. | | | | | | | | | | | |
|-----------------|--------------------------|----|---|---|----|---|---|---|---|----|----|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| January | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| February | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 |
| March | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| April | 5 | 5 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| May | 3 | 3 | 3 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| June | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| July | 5 | 5 | 4 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| August | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| September | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| October | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| November | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| December | 3 | 3 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Total | 2 | 14 | 1 | 1 | 19 | 4 | 1 | 2 | 1 | 5 | 1 | 4 |

TABLE NO. 6—MORTALITY RECORD FORT SMITH, ARK., 1892.—Concluded.

| MONTH. | TOTAL. | | | | | | | | | | | | |
|-------------------------|--------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| | | January | February | March | April | May | June | July | August | September | October | November | December |
| Malar, poison. | 1 | 9 | 1 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Convulsions. | | | | | | | | | | | | | |
| Cer. spin. meningitis. | 1 | | | | | | | | | | | | |
| Amyotrophia spn. progr. | | | | | | | | | | | | | |
| Tris. nascent. | | | | | | | | | | | | | |
| Hemiplegia. | | | | | | | | | | | | | |
| Cerebral meningitis. | | | | | | | | | | | | | |
| Bran lesion. | | | | | | | | | | | | | |
| Hydroceph. | | | | | | | | | | | | | |
| Apoplexy. | | | | | | | | | | | | | |
| Cerebral softening. | | | | | | | | | | | | | |
| Cerebral. | | | | | | | | | | | | | |
| Cerebral abscess. | | | | | | | | | | | | | |
| Cerebral tumor. | | | | | | | | | | | | | |
| Tris. nascent. | | | | | | | | | | | | | |
| Hemiplegia. | | | | | | | | | | | | | |
| Cer. spin. meningitis. | | | | | | | | | | | | | |
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| Cerebral abscess. | | | | | | | | | | | | | |
| Cerebral meningitis. | | | | | | | | | | | | | |
| Bran lesion. | | | | | | | | | | | | | |
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| Cerebral. | | | | | | | | | | | | | |

No. deaths, 184.

Rate per 1,000 population 12,500=14.7;

White population: 8,588; colored population: 3,888.

As might have been expected in a town well drained, sewer-ed, having a fair water supply and above all blessed with a genial climate, the death rate has been unusually low.

A list of deaths classified according to age, sex and color is presented in Table No. 7.

TABLE No. 7—MORTALITY RECORD, FORT SMITH, 1892.

| | Female, | Male, | White, | Colored, | Adults, | Children under 15 years. | Total. | | Female, | Male, | White, | Colored, | Adults, | Children under 15 years. | Total. |
|------------------|---------|-------|--------|----------|---------|-----------------------------|--------|-------------------|---------|-------|--------|----------|---------|-----------------------------|--------|
| January | 8 | 13 | 19 | 2 | 16 | 5 | 21 | July | 12 | 7 | 9 | 10 | 13 | 6 | 19 |
| February..... | 9 | 7 | 10 | 6 | 7 | 9 | 16 | August | 12 | 8 | 12 | 8 | 11 | 9 | 20 |
| March | 4 | 7 | 9 | 2 | 8 | 3 | 11 | September.... | 11 | 2 | 6 | 7 | 7 | 6 | 13 |
| First quarter... | 21 | 27 | 38 | 10 | 31 | 17 | 48 | Third quarter... | 35 | 17 | 27 | 25 | 31 | 21 | 52 |
| April | 8 | 14 | 12 | 10 | 17 | 5 | 22 | October... ... | 4 | 7 | 8 | 3 | 6 | 5 | 11 |
| May | 5 | 6 | 8 | 3 | 5 | 6 | 11 | November..... | 4 | 13 | 12 | 5 | 5 | 12 | 17 |
| June | 3 | 6 | 6 | 3 | 6 | 3 | 9 | December | 8 | 6 | 8 | 6 | 10 | 14 | 14 |
| Second quarter | 16 | 26 | 26 | 16 | 28 | 14 | 42 | Fourth quarter... | 16 | 26 | 28 | 14 | 21 | 21 | 42 |
| | | | | | | | | Total | 88 | 96 | 119 | 65 | 111 | 73 | 184 |

By this we learn that the death rate among the whites has been 12.5 per thousand population, and among the colored people 21.7 per thousand population.

Deaths due to special diseases have been classified according to age, sex and color in the following table.

TABLE No. 8—DEATHS FROM SPECIAL DISEASES, FORT SMITH, 1892.

| | Female. | Male. | White. | Colored. | Adults. | Child. under 15 yrs. | Total. |
|---|---------|-------|--------|----------|---------|----------------------|--------|
| Tuberculosis, haemoptysis and phthisis pul... | 8 | 13 | 9 | 12 | 20 | 1 | 21 |
| Pneumonia | 6 | 8 | 10 | 4 | 10 | 4 | 14 |
| Catarrh pneum..... | 2 | 2 | 2 | 2 | 2 | 2 | 4 |
| Bronchitis | 1 | ..... | 1 | ..... | ..... | 1 | 1 |
| Pulmon. atelectasis..... | ..... | 1 | 1 | ..... | ..... | 1 | 1 |
| Cap. bronchitis | 1 | ..... | 1 | ..... | ..... | 1 | 1 |
| Total diseases of lungs | 18 | 24 | 24 | 18 | 32 | 10 | 42 |
| | | | | | | | |
| Typhoid fever ..... | ..... | 3 | 3 | ..... | ..... | 3 | 3 |
| Malarial fevers | 11 | 10 | 13 | 8 | 13 | 8 | 21 |
| Total fevers | 11 | 13 | 16 | 8 | 13 | 11 | 24 |
| | | | | | | | |
| Tuber. meningitis..... | 1 | ..... | 1 | ..... | ..... | 1 | 1 |
| Meningeal and cer. inflammation and convulsions.. | 11 | 7 | 11 | 7 | 2 | 16 | 18 |
| Tris. nascent..... | ..... | 2 | 2 | ..... | ..... | 2 | 2 |
| La grippe | 2 | 3 | 4 | 1 | 4 | 1 | 5 |
| Croup of mem. laryngitis | 2 | ..... | ..... | 2 | ..... | 2 | 2 |
| Morbus Brightii | 1 | 2 | 3 | ..... | 3 | ..... | 3 |

From this we observe that mortality from phthisis pul. in a population of 12,500 equals 1.64.

Deaths from phthisis—colored people, 4.0 per thousand; whites, 0.97 per thousand.

Mortality from fevers—entire population, 1.9 per thousand; white, 1.37; colored, 2.66.

Per cent of whole number of deaths due to phthisis, 11.4; among colored people, 18.2; whites, 7.5.

Per cent of whole number of deaths due to fevers—13+. Rate per thousand population, 2.2. Per cent of deaths among colored people due to fevers, 12.8; rate per thousand colored, 3.1. Per cent of deaths among whites due to fevers, 13+; rate per thousand whites, 1.8.

The fatality of phthisis is relatively much less in Arkansas than in regions not especially favorable to consumptives. Thus,

the rate in Massachusetts is 2.67 per thousand of the population; Connecticut, 2.34; District of Columbia, 3.59; New York, 2.48; Rhode Island, 2.66. In New Hampshire, the per cent of deaths due to phthisis is 16; Massachusetts, 18; England, 25. Kalamazoo, Mich., is boasted of as having as low a rate as 14 per cent. The comparison is certainly favorable to Arkansas.

Another matter of interest brought out by these statistics is the great fatality of phthisis among the colored people, being 7 per thousand of the colored population of Little Rock.

We can boast of a moderate, equable climate. We need not be ashamed of our mortality rate. If mortuary records could be faithfully kept in all the towns of our State, and annual reports honestly made to the State Board of Health, we could with authority answer the query, "What good can be said of Arkansas?" so that the most prejudiced, howsoever favorable the reply might be, could not say, "It is all a big lie."

Gunshot Wound of the Brain.

BY M. S. DIBRELL, M. D., VAN BUREN, ARK.

On January 7th of this year, I was called to see a negro child, aged 2½ years, who had been accidentally shot by another child playing with a revolver, 32 calibre. On examination, I found the wound of entrance, which was small, one-quarter inch to the left of and on level with lower border of left alæ nasi; on further examination I found the ball lodged under the soft parts of the left parietal eminence. Dr. O. M. Bourland, the family's physician, then arrived, and at his request I removed the ball with the usual antiseptic precautions. After removal of the missile nearly a teaspoonful of brain tissue came through the incision. I inserted my index finger into the opening, and just three-quarters of an inch anterior and just internal to the parietal eminence was found a hole in the skull that the finger

could have been passed through easily. The wound was packed with iodoform gauze and the usual dressing applied. This I regard as quite a remarkable case, taking into consideration the course of the ball, which evidently passed through the entire left hemisphere of the brain. The procedure of removing the ball was of course a very simple one.

The patient did not experience any disagreeable effects, other than pain, which was easily relieved with small doses of the deod. tr. of opium. There was little or no shock, no paralysis; the child cried for food the following morning; it had no rise of temperature or accelerated pulse.

At this writing, five months after the receipt of the injury, the child is well and has never had the slightest trouble.

Extensive Burn of the Head.

BY M. FINK, M. D., HELENA.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

The case to which your attention is called is that of extensive burn of the head. It was verbally reported by Dr. Goodwin, at the time a member of our society, but now living at Frederick Hall, Va., at a regular meeting of the Phillips County Medical Association.

As secretary and delegate from the above society, I was permitted by the doctor and instructed by the society to secure all the facts relating to the case, to write it up as completely as possible and to report same at the Arkansas Medical Society at this meeting.

On March 20, 1892, Dr. Goodwin responded to a call in his neighborhood to see a patient who it was stated had been some time previously severely burned. Upon inquiry the following meagre history was obtained: Daniel McNeal an ignorant negro farm hand, 33 years old, while lying asleep on two chairs before an open fireplace, had, while in an epileptic fit,

rolled into the fire. He had been subject to epileptic seizures for fifteen years. When found he was lying with his head near the fire in an unconscious state; the scalp, the muscles of the head and even its bones on the left side, as well as the tissues covering the left shoulder, were parched, cracking and fissuring in several places. Two days elapsed before consciousness returned and then his mind was a blank in so far as his recollection of the injury previous to or during its occurrence. No medical or surgical aid had been received up to the time of Dr. Goodwin's arrival, which was two months after the occurrence. Upon examination a burnt surface was found, corresponding to the left parietal, a portion of the right parietal, the left side of the frontal at the coronal suture and the left side of the occipital at the lambdoidal suture. This large surface was completely covered with granulations. Pulsation of the brain could be plainly felt at about the middle of the left arm of the lambdoidal suture for a space of 2 inches square. The other part of the burned area of the head felt firm to touch and pressure. In May, 1892, five months afterward, the left side of the head was found depressed, being markedly lower than the right, due to loss of bony substance, especially so where pulsation was formerly felt, no pulsation being then discernible; the granulations at this time were firmer than on a previous visit and were nearly entirely of an osseous nature. (The photograph here presented was taken three months after the injury.) The bones exhibited were exfoliated at different times during his attendance on the case. They are the left parietal bone in toto and sections of right parietal and left frontal. His health and strength at this time was fairly good; he was able to walk about and to perform light farm labor; his mind was as clear as ever except as to the occurrence. The cause of his epilepsy is unknown. He has had but one attack since the day he fell in the fire and that occurred in the following May, five months afterwards.

On March 9, 1893, the patient was exhibited before the Phillips County Medical Association. On examination it was

found that the burnt surface was healed completely in one-half its entirety, the other half presenting exuberant and healthy granulations. All of these granulations are of an osseous nature and give a solid feeling to the sense of touch, excepting a space $1\frac{1}{4}$ inches square, where pulsation of brain was at first felt, which is somewhat softer than the surrounding tissue. There is still marked depression of the left side of the head. His health is excellent. He works on the plantation, performing the same labor as a regular farm hand. His attacks of epilepsy are less frequent than before he was injured. He has received no surgical attendance for several months, the healing of the wound being left entirely to nature, which accounts for the slowness in the reparative process.

When last heard from in December, 1893, he was performing his usual labor, his health was good and the head excepting an ulcerated spot the size of a silver quarter presented a healthy appearance, excepting, of course, the entire loss of hair. This may be considered I think, a very good case of *vis medicatrix naturæ*; for at no time was any special treatment given him other than, from time to time, antiseptic lotions and ointments.

It is remarkable as showing, not the results of scientific treatment, but what nature, the genial mother can accomplish when she bestirs herself to action; also in the lessened number of epileptic attacks since the occurrence, and the great amount of bony tissue which had to be and was so well replaced.

It further illustrates, most strikingly, the hardy constitution of the negro who seems to be almost bomb proof and peculiarly exempt from injuries which would prove certainly fatal to the Caucasian.

MEMBERSHIP in the American Academy of Railway Surgeons is limited to 200. There ought to be more than 200 academicians among the vast number of railway surgeons in America. But the limit is fixed and those who do not belong to the railway "two hundred" must be considered as belonging to the common school of railroad doctors.

THE
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VOLUME V.

MARCH, 1895.

NUMBER 6.

Editorial.

Management of the Smallpox at Hot Springs.

In this day of advanced knowledge concerning the methods of preventing the spreading of contagious diseases, there is nothing particularly alarming in the occasional outbreaks of one of the most contagious and yet easily controlled, smallpox.

The outbreak at Hot Springs suggests nothing demanding more than a passing notice were it not for the unwise action of those having the authority to deal with the malady as it existed in that famous health resort.

From the best information that we have been able to obtain, the facts are about as follows:

About the first of February a visitor at the Springs applied to one of the local physicians for treatment for a skin disease. A diagnosis of eczema was made and the patient was treated accordingly, being allowed the freedom of the city, going about from place to place, visiting hotels, bath houses and restaurants, standing in line at the post office every day with hundreds of others to get his mail, mailing letters to persons in different parts of the country, etc. On February 7th this man was taken suddenly worse and died the same day, the two physicians who attended him last giving the cause of death as blood poisoning. The body was embalmed and shipped to his former home where the casket was opened at the family residence and also at the church where the funeral was held. In fourteen days of the death of the first patient from "blood poisoning," the undertaker who prepared the body for shipment succumbed to varioloid, and two negroes who assisted him had confluent smallpox. The railway agent at Malvern, who happened to be in Hot Springs the day the body was shipped and accidentally visited the undertaking establishment before mentioned, was taken with smallpox in due course of time after he returned to his home.

The foregoing shows a bad enough state of affairs, but that which is to follow is the worst of all.

As a rule commerce is ever the enemy of sanitation, as has been demonstrated time and again, and the history of the Hot Springs experience with smallpox will not prove to be an exception to the rule.

Unfortunately for Hot Springs, the dreaded malady made its appearance at the very height of "the season," when hotels

and boarding houses were crowded with visitors and there was every prospect of a prosperous business.

No city in the world of equal size with Hot Springs has such a cosmopolitan population as is found there at this time of the year. Nearly every quarter of the globe is represented by all classes of persons, from the millionaire to the pauper tramp, from the robust in health on pleasure bent to the diseased and worn out seeking health and rest.

With a full knowledge of this existing state of affairs the business men and health authorities of Hot Springs set about to deliberately and completely conceal the truth and impose upon not only the visitors and strangers that were within their gates, but also upon their own people and their friends and neighbors everywhere.

On Saturday, February 23, the city health officer of Hot Springs, in answer to an inquiry by telephone, stated to a member of the State Board of Health that there had been eleven cases up to that date.

On Monday, February 25, an officer of the Marine Hospital service telegraphed (after ineffectual efforts to communicate by telephone), as follows to the city health officer at Hot Springs: "How many cases and how many deaths from smallpox to date? Report wanted for United States Marine Hospital service."

In a few hours this reply was received: "One new case and no deaths."

Requests by mail for specific information received no reply.

On Tuesday, February 26, the secretary of the State Board of Health telegraphed as follows: "Two cases at Mavern, well guarded. At Hot Springs 32 cases in pest house 2 miles from city, well isolated. Three cases in city reported isolated. Will inspect them in the morning. Only six are colored. From what I can learn all cases originated from a common center. First case discovered February 19; pest house established five days ago, with some cases exhibiting the eighth day of eruption. Citizens and physicians are aroused to con-

certed action and it is hoped they will stay its progress. Dr. Barry, health officer, seems thoroughly active and efficient with three assistant physicians."

In *The Arkansas Gazette* of February 27, the following was printed:

To the Visitors and Citizens of Hot Springs:

Smallpox has recently been brought to the city of Hot Springs, and, realizing the importance of the situation, we have taken such prompt and vigorous action as the emergency demanded, and have removed every case of suspected or developed smallpox from the city, and have thoroughly disinfected every locality where a supposed case has arisen.

There is not to-day but one case of smallpox in the city of Hot Springs, and that case is quarantined and also convalescent. We fully appreciate the duty we owe to our visiting population as well as to our families. We assure you that every precaution and safeguard looking to the protection of all parties interested has been taken. The business men of the city have met and appointed an executive committee and they have coöperated with the board of health and city council, and by our joint action you are fully protected, and if we had not done so, we would feel that we had been criminally negligent of our duty.

Our public schools are not closed and by reason of the manner in which the situation has been dealt with, there has been no necessity for doing so.

We guarantee to you that there will be no obstacles in the way of your leaving our city whenever you may desire. There will be no quarantine that will prevent your exit at any time.

We hold ourselves responsible for every assertion herein contained.

P. J. LEDWIDGE,

President Business Men's Club and Chm. Citizens' Ex. Com.

R. L. WILLIAMS,

Mayor City of Hot Springs.

J. P. MELLARD,

President Chamber of Commerce.

GEORGE B. COOK,

Superintendent Public Schools.

BOARD OF HEALTH REPORT.

In response to a request by the Business Men's Club the board of health this afternoon made the following official report upon the situation:

HOT SPRINGS, ARK., Feb. 24, 1895.

*Hon. P. J. Ledwidge and Members of Business Men's Club,
Hot Springs:*

At your request we take pleasure in making, officially, a statement which we have deemed useless, until you inform us of the wild rumors afloat as to smallpox in our midst.

We will state that there is but one case of smallpox in the city, and that has been carefully quarantined from its incipiency and is now convalescent.

All cases suspected have been removed to comfortable quarters in the country and are under the care of competent medical men.

These cases by no means assure us of an epidemic, as they are entirely sporadic in character. A competent medical corps is daily inspecting all suspicious houses and premises. So cautious have we been for the welfare of the community that even the few cases of "chicken pox" measles discovered here and there in our midst have been removed to a quarantine station at a reasonable distance from the hospital in which are located the few suspicious cases.

The present condition does not warrant any alarm, and there is no occasion for a quarantine.

Respectfully submitted,

W. H. BARRY, M. D.,

President Board of Health.

JOHN H. GAINES, M. D.,

G. C. GREENWAY, M. D.,

Members Board of Health.

P. L. BARRY, M. D.,

J. C. MINOR, M. D.,

Assistant Health Officers.

The mistake (and mistake is a very mild word with which to characterize such practices), made by the Hot Springs authorities was the endeavor to suppress the true state of affairs.

After the experiences of the South with the yellow fever in 1878 and 1879, it is astounding that such a shortsighted and disastrous policy should be attempted in any enlightened community. Experience has demonstrated and humanity and justice demand that it is wisest and best not to attempt to conceal facts relating to epidemic and contagious disease of a severe nature. So important is it that all the facts concerning the outbreak of a dangerous infection or, contagious disease should be known at once, that all of the State boards of health are obligated by a solemn agreement not to conceal for an instant the existence of the very first case. This is done that every precaution may be taken at the place of origin and that other localities may have an early opportunity of protecting themselves. Rumor is always worse than the truth, and when a community awakens to a realization of the fact that a systematic attempt has been made to deceive, subsequent statements from the same source, however true, are discredited, and panic and disorder take the place of cool, determined efforts to suppress the outbreak.

In all probability if the Hot Springs authorities had pursued the course of keeping the people fully informed from the very start there would not have been the panic, departure of visitors and consequent loss of business.

THE JOURNAL regrets the necessity for the foregoing comments, but a sense of duty compels it to lay aside all personal feelings in the matter, and deal with the subject from an impartial standpoint.

If those who are responsible for the present state of affairs will profit in the future by this experience, the terrible lesson will not be without some benefit.

Medical Societies and the Act to Regulate Trusts and Conspiracies Against Trade.

There is pending before the general assembly of Arkansas a bill which, if it passes, will prohibit the making of fee bills by medical societies. Article 8 of the Code of Ethics says:

"Some general rules should be adopted by the faculty, in every town or district, relative to *pecuniary acknowledgments* from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit."

Section 1 of the anti-trust act contains this language (*Italics ours*):

"That hereafter it shall be unlawful for two or more persons, firms, corporations or *associations of persons*, either as a single corporation or otherwise, or for any two or more of them, to in any manner whatever, to combine capital, skill or acts, or to conspire in any way, to restrict, or in any manner interfere with the trade, or to combine capital, skill or acts for either, any or all of the following purposes:

* * * * *

"Fourth. To fix at any standard or figure whereby its price to the public shall be in any manner controlled or established, *any work, professional or otherwise*, or any article or commodity of merchandise, produce or commerce, intended for sale, use or consumption in this State.

"Fifth. To make or enter into or execute or carry out any contract, obligation or agreement of any kind, or description, by which they shall bind or have bound themselves not to sell, dispose of or transport any article or commodity or article of trade, use, merchandise, commerce or consumption below a common standard figure, or by which they shall agree in any manner to keep the price of such article, commodity or transportation at a fixed or graduated figure, or by which they shall in any manner establish or settle the price of any article, commodity, labor, or transportation between them or themselves or others to preclude a free and unrestricted competition among

themselves or others in the sale or transportation of any such article or commodity, or by which they shall agree to pool, combine or unite any interest they may have in connection with the sale or transportation of any such article or commodity that its price might in any manner be affected, or to create or carry out, either directly or indirectly, any agreement, combination or other scheme to establish the price for services of any person of whatsoever profession or calling."

The demagogism of the bill is made manifest in section 11, which says: "The provisions of this act shall not apply to agricultural products or live stock while in the hands of the producer or raiser."

Of course the passage of such an act would not materially affect the fee bills of medical societies, which are almost universally "more honored in the breach than the observance."

The Arkansas Lunatic Asylum Report.

THE JOURNAL has received, by the courtesy of a friend who has never had any connection with the institution, the "Report of the Board of Trustees and Superintendent of the Arkansas Lunatic Asylum for the biennial period ending November 30, 1894." The board furnishes a financial statement showing that of the appropriation of \$120,000 for the two years, there has been expended \$66,614.92, leaving an unexpended balance for the eighteen months of \$53,385.08. The cost per capita for eighteen months was \$117.93, with an average number of 555 inmates. The board states that under the former trustees the cost from April 1, 1891, to October 1, 1892, was, with 425 inmates, \$72,440, or a per capita cost of \$170.46.

"It is," the report says, "the judgment of the trustees that nothing necessary to the comfort and welfare of the inmates has been withheld from them, and Superintendent Robertson says in his report which we attach hereto: The cost per capita of maintenance, as shown by the auditor's report,

is lower than ever before in the history of the asylum; at the same time our supplies have been of the best quality, and an abundance of everything has been furnished. The board has always stipulated that only the very best grade of supplies should be furnished to the institutions under their charge, and the various superintendents have been advised not to accept any article, particularly of food, of an inferior quality."

The report mentions the inadequacy of the water supply, and states that early in the year it was necessary to make other arrangements. "Facing what appeared to be an impending calamity, the board had to make the best arrangements that it could upon short notice for a supply of water to meet the necessary wants of a large number of people. A contract was made with the Home Water Company to furnish through pipes of its own, filtered water aggregating 45,000 gallons per day. * * * This arrangement went into effect on June 1, and the supply of water since that date has been ample for all purposes."

After mentioning the disaster caused by the cyclone, the report concludes with the statement that "the relations between the board of trustees and the officers of the asylum have been very agreeable at all times, the superintendent doing his utmost apparently to be guided by the trustees in matters pertaining to the business affairs of the institution."

REPORT OF THE MEDICAL SUPERINTENDENT.

The movement in population for the two years is shown in tables from which it appears that there were remaining November 30, 1892, 431 patients; admitted December 1, 1892, to November 30, 1893, 256; total number under treatment fiscal year, 1893, 687. Of this number there were: Discharged—Recovered, 41; improved, 12; not improved, 10; eloped, 4; died, 50; remaining November 30, 1892, 570 patients.

For the fiscal year 1894 there were: Remaining, November 30, 1893, 570; admitted December 1, 1893, to November 30, 1894, 191; total number treated, 761. Returned without new papers, 21. Discharged—Recovered, 71; unimproved, 56; not improved, 13; eloped, 23; died, 132.

Commenting on the tables, the superintendent's report continues:

"The mortuary table herein contained, as compared with those of former years, if submitted without explanation, might leave the present management of the asylum open to unjust criticism. The increase in the death rate for the year has been solely due to the occurrence of two unfortunate epidemics, the first being one of erysipelas, which, though attended by a small fatality *per se*, affected a large number of the inmates, leaving them in a debilitated condition.

"The second, and most disastrous to us, was one of epidemic dysentery, following closely upon the other. During the month of May, as may be seen in my monthly report, we treated 365 cases of dysentery, and but few patients or attendants escaped. Every physician in the institution had the disease during the epidemic. There were at one time scarcely well persons enough to wait on the sick.

"In public institutions, where large numbers are confined, perfect hygienic conditions must obtain in order to avoid the outbreak of epidemics. The cause of our epidemic, we think, was an insufficiency of water to properly flush our sewers. At that time our usual source of water supply, from the spring on Eleventh and Battery streets, had in a great measure failed—a thing that had never occurred before. The evil was abated as quickly as possible by connecting with the city water works, which at best required several months.

"The occurrence of epidemic disease is unfortunate under any circumstances, but especially so in an asylum for the insane, for the following reasons:

"First. Insanity alone is a dangerous disease, and affects more or less the general health of all its victims; and, when attacked by other diseases, they more readily succumb, not being able to withstand the same like others whose brain and spinal functions are in normal condition.

"Second. In every institution there are always a large number of inmates who, if not already debilitated by age or

other causes on their arrival, certainly become so by the effect of protracted asylum life and the occurrence of diseases, such as consumption, paralysis, etc., and hence they stand an easy prey to be swept away by intercurrent affections, such as were our epidemics.

"Since my connection with the asylum, I have devoted my entire time to its management, and felt a deep interest in the welfare of the inmates under my charge, and have left nothing undone that I thought would add to their comfort, and assist in their recovery.

"The present management has never been questioned by any one who has visited the institution since the beginning of my administration. On one occasion an article written by a discharged employee was published by one of the city daily papers, and copied by a few other papers in the State. After the letter was published, to satisfy the public, and those throughout the State who had relatives and friends in the institution, I requested the governor of the State to have a thorough investigation of all the charges made in this letter, which he kindly did. The investigating committee not only exonerated the officers of the institution but complimented them on their work and management of the asylum.

After referring to the cyclone which destroyed part of the buildings on October 2, 1894, and making some recommendations, the superintendent says:

"While it will be observed, as previously explained by the occurrence of an epidemic disease, that our mortuary report is larger than for previous years, it is no larger than is customary with the same epidemic disease (dysentery) in all crowded institutions, hospitals, etc., as the records will show. It will be seen that the recoveries from insanity in the last twelve months are greater for the same length of time than formerly. The cost per capita of maintenance, as shown by the auditor's report, is lower than ever before in the history of the asylum; at the same time our supplies have been of the

best quality, and an abundance of everything has been furnished."

Then follows recommendations as to sewers, amendment of the laws, and occupation of inmates. Under the heading of medical staff, occurs the following:

"Insanity itself is an intricate branch of our science, and frequently tends, in a manner only appreciable by physicians engaged in this line of practice, to mask and obscure the main features of the more ordinary diseases, such as all classes of persons are liable to. The duties of medical attendants upon the violently insane are arduous and not void of real danger. They should be men of ability and experience in the general practice of medicine; for, in addition to the treatment of insanity, they are regularly engaged in a general practice.

"Heretofore, in this asylum, with one exception, these positions have been held by young men inexperienced in practice, and even they, doubtless on account of the small salaries, have remained but a comparatively short time. Such frequent changes in the medical staff cannot be advantageous to the management nor beneficial to those under treatment. A physician's usefulness in this line of work, possibly more than in any other, increases with his time of service.

"We have been fortunate recently in securing the services of two middle-aged men, well learned and experienced in the general practice of medicine, and it would be well to induce them to remain permanently. The salaries paid the assistant physicians in this asylum are less than those paid in similar institutions with like capacity, and, since they were fixed by law, the asylum has grown to double its former proportions. In view of these facts, I respectfully submit, in the form of a suggestion, the wisdom and justice of increasing the salaries of the assistant physicians."

Along with other the usual tables to be found with similar reports is the mortality table for two years, which is subjoined:

CAUSES OF DEATHS OCCURRING DURING BIENNIAL PERIOD.

| | 1893 | 1894 |
|--|------|-------|
| Anæmia, pernicious..... | | 1 |
| Apoplexy | | 9 |
| Bright's disease..... | 2 | 4 |
| Bronchitis, chronic | 1 | 1 |
| Cancer of stomach..... | 1 | 1 |
| Cancer of uterus..... | 1 | 1 |
| Consumption | 21 | 21 |
| Diarrhoea | 1 | 5 |
| Dysentery | 1 | 28 |
| Dysentery, with cancer of stomach..... | | 1 |
| Dysentery, with consumption | | 15 |
| Dysentery, with epilepsy..... | | 2 |
| Dysentery, with organic heart disease..... | | 2 |
| Empyema | | 1 |
| Epilepsy | 1 | ..... |
| Erysipelas | | 7 |
| Exhaustion | 5 | 3 |
| Exhaustion, epileptic | 1 | 8 |
| Exhaustion from abscess..... | | 1 |
| Exhaustion, mental | 1 | 1 |
| Exhaustion, paretic | 3 | 1 |
| Exhaustion, senile..... | 1 | 3 |
| Fever, pernicious malarial..... | | 1 |
| Fever, typhoid..... | | 1 |
| Gastro-enteritis | | 1 |
| Heart disease, organic | | 2 |
| Influenza | | 1 |
| Nephritis, hemorrhagic..... | | 1 |
| Obscure | 3 | 2 |
| Pneumonia | 1 | ..... |
| Pulmonary, gangrene | 1 | 5 |
| Pyelo-nephritis | 1 | ..... |
| Suicide | 1 | 1 |
| Thrombosis, cardiac | 1 | ..... |
| Tumor, intracranial | 2 | 1 |
| | 50 | 132 |

THE JOURNAL has made the foregoing copious extracts for the purpose of offering some criticism of the management of the asylum under former and the existing conditions, since both the present board and medical superintendent indulge in frequent comparisons to show the improved methods and results under their administration.

It is our desire to be just to all parties concerned, and we iterate the statement that not one word of what has been said or of what is to follow is instigated by any personal unfriendliness to those now in charge, or by attachment to those who have made the Arkansas Asylum the pride of the State and the model for many older similar institutions throughout the country.

In a former issue of THE JOURNAL it was shown that politics had never interfered with the management of the asylum up to the time the State board of charities was created, and to that fact as much as any other could be attributed the welfare of the institution.

It is well known that the governor who appointed the present board was an avowed candidate for the United States Senate, and that he obtained the office of governor as a stepping stone to the higher position. He started his administration with the catchy cry of retrenchment and reform and economy. He recommended the consolidation of the different boards of the several State charitable institutions into one board to have charge of all. He appointed gentlemen more for their supposed political influence than from any evidence of their qualification to manage the affairs of institutions involving vast transactions. The personnel of this board is, three editors, two general merchants and one whose occupation is not given by the *Arkansas State Gazeteer and Business Directory*. The president of the board is by law the State Treasurer. Not a physician was appointed on the board, although each of the institutions has the care of persons physically afflicted by blindness, or deaf mutism or whose minds are diseased.

Not one of these gentlemen had ever been at all familiar or perhaps interested in the management of insane asylums. It is not believed that the members of the board sought these positions or that they did not perform their duty to the very best of their ability. No such an idea is entertained by THE JOURNAL. But it is the opinion of THE JOURNAL that lack of experience in affairs requiring similar equipment was their only

defect, and that the governor who appointed them did so with the view of having them "make a showing" for economy. That this was their policy is proven by the conversation heard between a member of the board, who was purchasing some blankets for the State, and a merchant who was selling them. The purchasing member said that he wanted the cheapest blankets he could buy. The dealer showed him some at a dollar a pair, but told him that they were utterly useless, and that a sufficient number of them could not be piled on a body to keep it warm in ordinary cold weather. The reply is said to have been, "That's all right, we want to make a *showing*." Think of it, blankets at \$1 a pair and beef at 5 cents a pound, and what a showing has it made! A death rate in the Arkansas Insane Asylum unprecedented in asylum management in this country. The explanation of the enormous death rate offered by the superintendent simply makes bad matters worse. He attributes the death rate to two epidemics, one of dysentery and one of erysipelas, and states that when he took charge of the asylum there were a number of cases of erysipelas in the wards contracted from Dr. Worcester, first assistant physician, and it was months before the institution was rid of it. Dr. Worcester had the erysipelas during the summer of 1893, and the present superintendent took charge of the institution on December 1 of the same year. Yet his mortality table shows that there were no deaths from erysipelas during the year of 1893, while there were seven deaths from it in 1894. That table alone speaks sufficiently on that item.

The second epidemic was of dysentery, which occurred in May. This is attributed to the insufficient supply of water to properly flush the sewers. The causes of epidemic dysentery are so well understood, and its prevention so easy, that in a model institution with ample means and efficient management, no such a disease should occur at all.

It is not at all improbable that 5-cent beef, brought to the institution with the animal heat still in it, may have been a factor in producing the epidemic.

It did not require "several months" to make the change in the source of water supply. The contract was let on April 16, and the water was delivered through the new pipes on the 1st day of June. The statement that "the mortuary report is no larger than is customary with the same epidemic disease (dysentery) in all crowded institutions, hospitals, etc., as the records will show," is certainly not intended to be entertained by intelligent physicians. We are well aware of the variable mortality of epidemic dysentery, but there is no record of any such a mortality in any well managed State insane asylums. In county asylums and poor-houses such a death rate might prevail, but not in any well managed State asylum. It is only when managed like penal institutions and with the intention of making "a showing" that such disasters occur.

The remarks under the heading, "Medical Staff," would be startling was not their purport well understood. That medical attendants on the insane "should be men of ability and experience in the general practice of medicine," goes without saying.

The statement that heretofore, in this asylum, with one exception, these positions have been held by young men inexperienced in practice, and even they, doubtless on account of the small salary have remained but a comparatively short time, is not at all in accord with the facts. The first superintendent was Dr. Forbes, and his assistant was Dr. Buchanan, of Mississippi, who had been in general practice several years, and spent two years studying in Europe. Dr. Buchanan is now superintendent of the Mississippi asylum. When the law provided a second assistant, Dr. H. B. Williams was appointed. He had been in general practice a few years, and had spent two years in the Charity Hospital, New Orleans. Dr. Carroll was second assistant when Dr. Williams was promoted. Dr. Williams spent a number of years at the asylum. Drs. Carroll and Crenshaw, who were assistant physicians, had been engaged in general practice before their employment at the asylum. But it must be remembered that there was an unbroken

succession of well qualified superintendents until the new regime was established. The present superintendent took charge on December 1, 1893, with Dr. Worcester first assistant and Dr. Ingate who had served one month as second. Dr. Worcester resigned in April, 1894, and the asylum was left wholly in the hands of a staff who had never had any asylum experience previous to November, 1893. As far as the JOURNAL is able to ascertain the present assistants are excellent gentlemen socially and splendidly equipped general practitioners. They would be an acquisition to any similar institution in the country if they could have had the advantages of professional association with a competent alienist; but this they have not had and under existing conditions they cannot have at the Arkansas asylum. A specialist has been defined as one who knows something of everything and everything of something. From the standpoint of the present superintendent it would appear that he believes insane asylums should be in the care of competent general practitioners who have had no experiences in asylum management. In his own words again quoted, "they should be men of ability and experience in the general practice of medicine." It is particularly noticeable that the claim is not made that they should have any special knowledge of and experience in treating insanity except in so far as that condition "tends in a manner only appreciable by physicians engaged in this line of practice to mask and obscure the main features of the more ordinary diseases such as all classes of persons are liable to."

It would not have been at all surprising if the stand had been taken that the superintendent should be a man who has devoted as much time to politics as to the practice of his profession and that the holding of the positions of county physician and physician of the penitentiary were prerequisites to a proper qualification to hold the position of superintendent of an insane asylum.

The following language is reproduced from the last report of the former superintendent and which was never published by the State.

"I have believed it was not designed by the people of the State, merely as a receptacle, in which those who were troublesome at home could be kept out of the way at the least possible expense, but as a hospital, in which every agency which could promote recovery should be employed in the treatment of the sick. It should never be forgotten that an insane person is a diseased person, and that the proper treatment of disease is a more difficult and expensive matter than the mere maintenance of the healthy. To allow those insane whose condition admits of recovery to lapse into an incurable condition for the want of proper care and treatment is, to say nothing of its inhumanity, the poorest sort of economy. Unfortunately, a large part of those who are brought to such an institution for treatment are, either on account of previous neglect or of the nature of their disease, beyond the hope of cure. Through no fault of their own, they are separated from their home and friends, and deprived of their liberty, for reasons the justice of which they cannot appreciate. Many of them feel that they are cruelly wronged; many suffer the keenest mental distress from painful delusions. By every principle of humanity they are entitled to whatever can contribute to their comfort, and divert their minds from their sufferings.

I have not been unmindful of economy, and do not fear a fair comparison of the expenses of the institution of which I have had charge, with those of others. But I have felt that, in the use of the means placed at my disposal, such considerations should be subordinated to the cure of the sick and the comfort and welfare of the unfortunate. To those objects I have devoted my whole time and energies as superintendent, and it is by my success in their attainment that I should wish my work to be judged."

Read the above words and then compare "the showing."

It has been intimated that the present chief executive is also an aspirant for the United States Senate. But the JOURNAL does not believe his bitterest enemies would accuse him of the

desire to advance his interests by making political capital out of the State charitable institutions.

The insane asylum is the only State institution managed exclusively by physicians and it is nothing less than a shame that medical men of the highest standing in their profession are not placed in charge of it.

Many other features of the report might be commented upon but for the present we desist with the request that the mortality table be studied in connection with the financial report and the medical profession should decide which is preferable by the taxpayers of Arkansas. A reduced cost of maintenance and an increased death rate, or a fair sum for expenditure and a normal mortality table.

THE Surgeon-General of the Imperial Army of Japan has the rank of major-general and the same amount of salary, 300 yen per month, the yen being equivalent to about 75 cents of our money (*Medical Record*). Surgeon-inspectors, whose position is analogous to that of colonel and assistant surgeon-general in the United States Army, have the rank of colonel and a salary of 193 yen per month, or 3 yen more than a colonel of cavalry receives, and 15 more than a colonel of infantry. Surgeons of the first class rank as lieutenant-colonel, and their pay, 143 yen, bears the same relation to that of a regimental lieutenant-colonel that the pay of an inspector does to that of regimental commanders. Surgeons of the second class, with the rank of major, draw 93 yen monthly. Assistant surgeons of the first class, and pharmacists of the same grade, have 52 yen, or the pay of a captain. Assistants and pharmacists of the second class rank as first-lieutenants and have the pay of the grade, 32 yen. Assistants and pharmacists of the third class have the rank and pay, 26 yen, of the second lieutenant. These medical, like other officers of the army, have increased pay when assigned to special duty; those on duty in the War Department, for instance, having an increase amounting to about one-third of the regular salary of their grade.

Editorial Notes.

WHAT is the title of your paper?

SEND the title of your paper to the secretary as soon as you read this.

IF there is any doubt about your being able to attend the meeting don't fail to send your paper, so that the programme will be full, and the subject treated of in your article may be discussed in your absence.

THERE will be but one more issue of THE JOURNAL before the annual meeting. The April number will contain all the information the secretary will be able to obtain from the members and other sources.

To the 15th of this month there had been one hundred and fifteen cases of smallpox and twenty-six deaths at Hot Springs; four cases at Malvern, four cases at Brinkley, four cases near Donaldson and one death at Hollywood.

HIS NAME IS "DENNIS." The man who treated the first fatal case of smallpox at Hot Springs is named Dennis. He advertises a nostrum which he calls the D. D. D.—Dennis' Deadly Discovery. His diagnosis in the smallpox case was that it was dermatitis. Dr. Outen who recently visited the Springs suggests that the three D's should now stand for "Dennis' Deadly Diagnosis."

AS a rule health certificates are useless to prevent persons from an infected district going to a place that has quarantined against it. When these certificates are sold at \$1 a piece, as they are in some places, more endeavor is made to issue a large number than to properly investigate the previous movements and present condition of those applying for them. It might be admissible to charge a nominal sum to pay for the clerical work

required in issuing certificates, but nothing like a fee should be charged.

THE bill reviving the county board of medical examiners has passed the senate with an amendment providing that two members of the boards shall be graduates. Past experience has demonstrated the utter incompetency of county judges in appointing medical boards, and there is no reason to believe that the requirement that two graduates shall be on each board will make the new law much better than the old county board law. If the governor gives the matter as much consideration as it deserves, he will hardly conclude that a backward step in medical legislation will benefit Arkansas.

A Medical Revival in Arkansas.

THE JOURNAL stated a long time ago that the twentieth meeting of the society would be the best ever held by the association. Neither hard times, spring overflows nor smallpox can prevent the fulfillment of that prophecy. THE JOURNAL is in receipt of letters from all over the State giving most encouraging accounts of the work that is being done and that will be continued until the meeting shall have been a great success. Sections of the State from which nothing but discouraging reports have been coming for years, are now sending the good news that societies are being organized and reorganized.

We are doubtful of the propriety of stating the foregoing facts at this time, because it is feared that some who hear it may console themselves with the thought that so much is being done it will not be necessary for them to do much. No greater mistake could be made. Let every member of the society, every friend of medical organization, every physician who desires the elevation of his profession make the success of this meeting a personal question. Devote just a part of one month of professional life to the welfare of the profession. Write letters to medical friends throughout the State, talk to every physician

you meet, keep your organization alive if you belong to one, or try to establish a society if one does not already exist. The medical profession ought either to awake to a more active participation in the undertaking of thorough medical organization or lapse into a deep sleep until the present generation of doctors passes away and new and active men take their places. There is no middle ground. Every man works for his profession or against it. The one who does nothing for it probably does most against it. We are by nature combative, and opposition often awakens us to activity. If you won't come out and help us, go to work against us. Do something. The Arkansas Medical Society has done noble work in Arkansas for the twenty years of its existence, and there is not the least possibility of its doing less in the future. Whatever its shortcomings are, it stands as the representative of medical organization in this State, and it will stand as high or drop as low as the regular profession which it represents.

There is no fault finding, there is no cause for fault finding. The work of the society will compare with that accomplished by any other similar organization in the United States existing under like conditions, but this is the year for a medical revival in our State, and THE JOURNAL has the ambition to see a big one. Panics, epidemics, reforms and crime all occur in cycles. This is the cyclic year for a great medical uprising in Arkansas. Won't each regular physician in the State lend the power of his influence to make it a memorable year in our medical history?

DURING the fiscal year ended June 30, 1894, there were added to the library of the surgeon-general's office 1,082 medical journals, 214 volumes of *Transactions*, 346 bound pamphlets, 2,258 medical theses, and 9,053 medical pamphlets. At the close of the year the library was in possession of 33,297 medical journals, 4,913 volumes of *Transactions*, 1,663 bound theses, 2,604 bound pamphlets, 72,090 medical books of other kinds, 52,218 medical theses, and 127,560 pamphlets, a grand total of 183,778.

The Arkansas Medical Society.

OFFICERS OF THE SOCIETY 1894-95.

- President*—A. C. JORDAN, Pine Bluff.
First Vice Pres.—J. D. SOUTHDARD, Fort Smith. *Secretary*—L. P. GIBSON, Little Rock.
Second Vice Pres.—M. FINK, Helena. *Assist. Secretary*—D. A. GRAY, Little Rock.
Third V. Pres.—G. W. HUDSPETH, Little Rock. *Treasurer*—A. L. BREYSACHER, Little Rock.
Fourth V. Pres.—R. P. MOORE, Oak Grove. *Librarian*—R. B. CHRISTIAN, Little Rock.
Section on Practice of Medicine—R. G. JENNINGS, Chairman, Little Rock; E. Meek,
 Secretary, Argenta.
Section on Surgery—ADAM GUTHRIE, JR., Chairman, Quitman; J. R. LYNN, Secretary,
 Des Arc.
Section on Obstetrics and Gynecology—GEO. F. HYNES, Chairman, Fort Smith; T. M.
 BAIRD, Secretary, Hot Springs.
 The Time of the Next Meeting—Wednesday, the first day of May, 1895.
 The Place of Meeting—Little Rock, Ark.

The Standing Committees for 1894-95.

- Committee of Arrangement*—F. Vinsonhaler, Chairman, D. A. Gray, W. H. Miller, R. W.
 Lindsey, R. G. Jennings.
Committee on Credentials—E. R. Dibrell, Chairman, R. B. Christian, M. G. Thompson.
Committee on Medical Education—A. A. Horner, Chairman, J. W. Hayes, W. B. Deffen-
 baugh, J. S. Corn, R. M. Drummond.
Committee on Medical Legislation—J. H. Southall, Chairman, L. R. Stark, L. P. Gibson,
 H. P. Collings, W. W. Hippolite.
Judicial Council—J. S. Shibley, Z. Orto, E. Bentley, J. A. Dibrell, Jr., D. C. Ewing, W.
 H. Barry, W. P. Owen, G. F. Hynes, D. H. Stayton.

COMMITTEE ON STATE MEDICINE.

| COUNTY. | NAME. | POST OFFICE. |
|--------------|------------------------|-----------------|
| Jefferson | A. B. Loving, Chairman | Pine Bluff. |
| Arkansas | J. H. Hutchinson | De Witt. |
| Benton | J. T. Clegg | Siloam Springs. |
| Boone | A. J. Vance | Harrison. |
| Carroll | J. M. Paynor | Berryville. |
| Clark | A. B. Moore | Gurdon. |
| Cleveland | T. H. Ackerman | Toledo. |
| Columbia | J. T. Hawkins | Mt. Holly. |
| Craighead | T. H. Jones | Jonesboro. |
| Crawford | M. S. Dibrell | Van Buren. |
| Cleburne | A. Guthrie, Jr. | Quitman. |
| Dallas | Z. J. Lantorn | Dalark. |
| Drew | M. Y. Pope | Monticello. |
| Franklin | J. F. Blackburn | Ozark. |
| Garland | J. H. Gaines | Hot Springs. |
| Hempstead | S. M. Carrigan | Washington. |
| Howard | J. S. Corn | Nashville. |
| Hot Spring | J. F. Graham | Malvern. |
| Independence | W. B. Lawrence | Batesville. |
| Izard | D. E. Evans | Barren Fork |
| Jackson | J. M. Jones | Newport. |
| Johnson | W. R. Hunt | Lamar. |
| Lafayette | D. W. Bright | New Lewisville. |
| Lonoke | G. W. Granberry | Cabot. |
| Lawrence | W. J. Hatcher | Imboden. |
| Lee | D. S. Drake | Marianna. |
| Lincoln | E. T. Pry | Douglas. |
| Little River | L. A. Sager | Rocky Comfort. |
| Logan | W. B. Defenbaugh | Paris. |
| Marion | W. R. Brooksher | Yellville. |
| Miller | W. C. Spearman | Texarkana. |
| Mississippi | H. C. Dunavant | Osceola. |
| Monroe | W. T. Bailey | Clarendon. |
| Nevada | E. R. Armistead | Prescott. |
| Phillips | E. R. Shinault | Helena. |
| Pope | J. A. Westerfield | Atkins. |
| Prairie | B. W. Flynn | Des Arc. |
| Pulaski | E. Meek | Argenta. |
| St. Francis | J. R. Cason | Forrest City. |
| Scott | A. W. Sanford | Waldron. |
| Sebastian | T. J. Wright | Ft. Smith. |
| Sevier | F. Smith | Locksburg. |
| Sharp | J. Johnson | Sidney. |
| Stone | R. S. Blair | Mountain View. |
| Washington | T. W. Blackburn | Fayetteville. |
| White | K. A. McIntosh | Beebe. |
| Woodruff | L. A. Jelks | McCrory. |

The Drew County Society has been reorganized. There are several counties in south and southeast Arkansas that have the material for the very best organizations. Will they fall in line?

Request From the Officers of the Sections.

All the officers of all the sections request the members of the society to write papers and to notify them at once of the title of their papers. There is no time for putting off these things. THE JOURNAL desires to publish a list of the papers in the April issue, but unless the authors send the titles it will be impossible.

Every year the secretary is embarrassed in the preparation of the programme by having titles of papers sent in on the last day when the matter could have been attended too much easier long before.

Letter from President Jordan.

To the Members of the Arkansas Medical Society :

The time for our annual meeting is rapidly approaching, and it is desirable that we make this the most interesting and successful meeting in the history of the society. To this end let each and every one, who feels an interest in the work of scientific medicine, and the growth and perpetuity of our State organization, resolve to be present and to influence his neighbor practitioner to go with him.

There are many worthy and well qualified physicians all over the State who ought to affiliate with us, and join in the noble work of elevating medicine to that high professional plane where it justly belongs, but they have held aloof because their attention has not been called to the work, or perhaps they are living under a false conception of the purposes and the true status of the organization; and who, if once enlisted, would become zealous and enthusiastic colaborers with us. Let us use our influence with this class of professional brethren, and if possible induce them to cast their lot with us, showing them

that it is a duty they owe their profession and their clientele in thus placing themselves in touch and sympathy with organized medicine. "Come go with us and we will do thee good," should be the neighborly greeting of every true and loyal friend of the society.

We should not lose sight of the scientific work of the society. The chairmen and members of the several committees and the sections should earnestly and carefully execute the work assigned them by virtue of their official positions. The society requires this at your hands in return for the honor bestowed upon you in selecting you for this work; therefore let us be up and doing, and not wait till the last moment to begin the work we are to present for the approval or condemnation of our fellows.

Let every member of the society prepare a paper upon some subject which is of interest to the profession, or write up a report of some case of more than usual interest that has fallen under your observation during the year, and in this way elicit a full and free discussion of the subjects presented.

I trust that the coming programme will be the most extensive and the most interesting that has ever been enjoyed by the Arkansas Medical Society.

A. C. JORDAN, M. D.

144 East Thirty-fourth street, New York.

Correction.

In the published list of members of the society the name of Dr. W. B. Barner was unintentionally omitted. He has changed his residence from Conway to Little Rock, and in revising the list accordingly the error occurred.

Dr. C. E. Nash is a graduate of the Missouri Medical College instead of the New York College of Physicians and Surgery.

Dr. Shinault's initials are C. R. instead of E. R., as printed.

County Societies.

Sebastian County Medical Society.

The Sebastian County Medical Society met in Dr. Gardner's office, March 12, 1895, Dr. T. J. Wright in the chair. Those present were Drs. Saunders, Gardner, Moulton, Epler, Hardin, Gant, Brooksher, Wright, Amis and Southard. After some routine business Dr. Moulton called up the question of the proposed constitution and by-laws of the State society, which was made a special order for this meeting. Dr. Epler moved that the society favor the constitution and by-laws as proposed. After some discussion Dr. Moulton offered the following resolution as a substitute for Dr. Epler's motion, and it was carried by a vote of 8 to 3:

Resolved, That we disapprove the adoption of the proposed new constitution and by-laws of the State Society, while it contains the provisions adopted in section 2, article 3, of constitution, and in article 5 of by-laws. But that we favor the admission of all members of county societies in good standing, to membership in the State society, by voluntary application, after the plan of the American Medical Association.

Dr. Brooksher, the essayist for the evening, presented a splendid paper upon pneumonia, and it was very freely and generally discussed.

Dr. Hynes, chairman of the section on obstetrics and gynecology, is stirring himself and others in the interests of his section, which will doubtless present an interesting programme at the approaching State meeting.

J. D. S.

WON'T you put your shoulder to the wheel and help along the vehicle of medical organization in Arkansas? The Arkansas Medical Society is doing the pulling. Push.

Miscellany.

Interstate Quarantine Regulations.

In view of the prevalence of smallpox in this and other States it may be of some benefit to publish extracts from the "Interstate Quarantine Regulations of the United States, Promulgated September 27, 1894." The same rules and regulations that apply between the States can be made useful between different points in the same State. Local health officers in the absence of a State board of health, should endeavor to establish, as far as possible, a uniform system of quarantine, inspection and disinfection. To further such an end the following extracts from the regulations are published :

ARTICLE I.—QUARANTINABLE DISEASES.

1. For the purpose of these regulations the quarantinable diseases are cholera (cholerine), yellow fever, smallpox, typhus fever, leprosy and plague.

ARTICLE II.—NOTIFICATION.

1. State and municipal health officers should immediately notify the supervising surgeon general of the United States Marine Hospital Service by telegraph or by letter, of the existence of any of the above mentioned quarantinable diseases in their respective States or localities.

ARTICLE III.—GENERAL REGULATIONS.

1. Persons suffering from a quarantinable disease shall be isolated until no longer capable of transmitting the disease to others. Persons exposed to the infection of a quarantinable disease shall be isolated, under observation, for such a period of time as may be necessary to demonstrate their freedom from the disease.

All articles pertaining to such persons liable to convey infection shall be disinfected as hereinafter provided.

2. The apartments occupied by persons suffering from quarantinable diseases, and adjoining apartments when deemed infected, together with articles therein, shall be disinfected upon the termination of the disease.

3. Communication shall not be held with the above named person or apartments except under the direction of a duly qualified officer.

4. All cases of quarantinable disease and all cases suspected of belonging to this class, shall be at once reported by the physician in attendance to the proper authorities.

5. No common carrier shall accept for transmission any person suffering with a quarantinable disease, nor any infected article of clothing, bedding or personal property.

The body of any person who has died of a quarantinable disease shall not be transported save in hermetically sealed coffins and by order of the State or local health officer.

6. In the event of the prevalence of smallpox, all persons exposed to the infection who are not protected by vaccination or a previous attack of the disease, shall be at once vaccinated or at once isolated for a period of fourteen days.

ARTICLE V.—DISINFECTION—FOR SMALLPOX.

6. Apartments infected by smallpox shall be disinfected by one or both of the following methods:

(a) Exposure to sulphur dioxide for twenty-four to forty-eight hours.

(b) Washing with a solution of bichloride of mercury 1-1000, or a 5 per cent solution of pure carbolic acid.

7. Clothing, bedding and articles of furniture exposed to the infection of smallpox shall be disinfected by one or more of the following methods:

(a) Exposure to sulphur dioxide for twenty-four to forty-eight hours.

(b) Immersion in a solution of bichloride of mercury 1-1000, or 5 per cent solution of pure carbolic acid.

(c) Exposure to steam at a temperature of 100° to 102° C* for thirty minutes after such temperature is reached.

(d) Boiling for fifteen minutes, the article to be completely submerged.

EXTRACTS FROM THE QUARANTINE LAWS OF THE UNITED STATES.

An Act granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service; approved February 15, 1893.

SECTION 3. That the Supervising Surgeon General of the Marine Hospital Service shall, immediately after this act takes effect, examine the quarantine regulations of all State and municipal boards of health, and shall, under the direction of the Secretary of the Treasury, coöperate with and aid State and municipal boards of health in the execution and enforcement of the rules and regulations of such boards and in the execution and enforcement of such rules and regulations made by the Secretary of the Treasury to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, and into one State or Territory or the District of Columbia from another State or Territory or District of Columbia; and all rules and regulations made by the Secretary of the Treasury shall operate uniformly and in no way discriminate against any port or place; and at such ports and places within the United States as have no quarantine regulations under State or municipal authority, where such regulations are, in the opinion of the Secretary of the Treasury, necessary to prevent the introduction of contagious or infectious diseases into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, and at such ports and places within the United States where quarantine regulations exist under the authority of the State or municipality which, in the opinion of the Secretary of the Treasury, are not sufficient to prevent the introduction of such diseases into the United States, or into one State or Territory or the District of Columbia from another State or Territory or the District of Columbia, the Secretary of the Treasury shall, if, in his judgment, it is necessary and proper, make such additional rules and regulations as are necessary to prevent the introduction of such disease into the United States from foreign countries, or into one State or Territory or the District of Columbia from another State or Terri-

tory or the District of Columbia, and when such rules and regulations have been made they shall be promulgated by the Secretary of the Treasury and enforced by the sanitary authorities of the States and municipalities, where the State or municipal health authorities will undertake to execute and enforce them; but if the State and municipal authorities shall fail or refuse to enforce said rules and regulations, the President shall enforce and execute the same and adopt such measures as in his judgment shall be necessary to prevent the introduction or spread of such diseases, and may detail or appoint officers for that purpose. * * * *

SEC. 4. That it shall be the duty of the Supervising Surgeon General of the Marine Hospital Service, under the direction of the Secretary of the Treasury, to perform all the duties in respect to quarantine and quarantine regulations which are provided for by this act, * * * and the Secretary of the Treasury shall also obtain, through all sources accessible, including State and municipal sanitary authorities throughout the United States, weekly reports of the sanitary condition of posts and places within the United States, and shall prepare, publish, and transmit to collectors of customs and to State and municipal health authorities and other sanitarians, weekly abstracts of the consular sanitary reports and other pertinent information received by him, and shall also, as far as he may be able, by means of the voluntary coöperation of State and municipal authorities, of public associations, and private persons, procure information relating to the climate and other conditions affecting the public health, and shall make an annual report of his operations to Congress, with such recommendations as he may deem important to the public interests.

SEC. 8. That whenever the proper authorities of a State shall surrender to the United States the use of the buildings and disinfecting apparatus at a State quarantine station, the Secretary of the Treasury shall be authorized to receive them and to pay a reasonable compensation to the State for their use, if, in his opinion, they are necessary to the United States. * *

[Extract from Act March 27, 1890.]

* * SEC. 3. That when any common carrier or officer, agent or employee of any common carrier shall wilfully violate any of the quarantine laws of the United States, * * * * such common carrier, officer or agent, or employee shall be deemed guilty of a misdemeanor, and shall, on conviction, be punished by a fine of not more than \$500, or imprisonment for not more than two years, or both, in the discretion of the court.

*_{212°} to 215.6°, Fahrenheit.

THE
JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY.

VOL. V.

APRIL, 1895.

NUMBER 7.

Medical Society Papers.

Surgical and Pathological Memoranda.

BY J. A. DIBRELL, JR., M. D., LITTLE ROCK.

(Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.)

TWO CASES OF BRAIN SURGERY.

CASE I.

Abscess of the Brain—Operation Followed by Death.

J. W. C., white male, aged 60 years and 4 months, a native of this State, met me on the street early in February, 1894. He said he had just been to my office to consult me in regard to himself, and indicated in a somewhat evasive manner, that he had some trouble with his head. He always had a peculiarity of speech, owing to a tongue-tie, never articulating well. He seemed much concerned about himself. I requested him to return with me, but he declined, saying he would call another time, but he did not do so until the 6th of March.

There was no difficulty in recognizing a disease of the brain, manifesting itself in a group of symptoms known under the generic term of aphasia, and I came to the conclusion that it was due to softening, abscess, or both. When he was asked

among other questions if he had any head pain or disturbance of vision, he replied that he had no trouble with his sight, and while he could not call it pain, there was a constant uncomfortable sensation along his head, extending backward toward the left ear.

I requested him to see an ophthalmologist, have his eyes examined and bring the report to me, and that on his return I would further examine him and prescribe.

He consulted Dr. C. S. Gray of this city and returned with a note from him from which I make the following extracts, viz:

"* * * So far as pathological conditions go, the examination is almost negative. * * Vision about $\frac{2}{4}0$, but can be raised to nearly normal with a glass. The optic disk of the right eye about normal; that in the left eye somewhat too pale. There is some want of muscular balance, with a disposition to double vision, though not marked. The left pupil is a little slow in responding to the light, but responds readily to visual convergence."

The patient's general health was good, and his cerebration, so far as I could determine, was perfect. The symptoms herein recorded are the result of the present and subsequent examinations.

It may be said that since I had known him, some fifteen years, he had always been closely occupied with business affairs. He had held public positions of honor and trust. Much of his work was such as required very close application and as a public official was often engaged in political matters, or was intensely interested in them, and of course subject to the usual worry and anxiety incident thereto. While his habits of life were regular, I think it was his habit to drink, though I never saw indications of its immoderate use. He used tobacco to excess. There was not the slightest history or suspicion of specific disease.

In answering questions in reference to his case, even when more advanced, he would do so in language fairly well con-

nected, but always with some hesitation, and frequent loss of memory of words, and the inaccurate use of them. Up to the day before the operation was made, when he had become much enfeebled in body, and the aphasic trouble had increased, his wife read the newspapers to him daily, and he understood perfectly what was read to him. He made only two visits to my office, the one above mentioned and another on the 12th day of March, six days later.

He was greatly distressed about his case. Though a very intelligent man, he could not understand it. His mind being clear, he knew that his symptoms were portentious. What brought him to my office was, I think, the discovery of his inability to write correctly. He said that "he had nearly disgraced himself" in an article which he had sent to the press for publication.

I requested him on his return from Dr. Gray's office to go home, write me a note about his case, or upon any other subject he might choose, but not to attempt to correct it after it had been written. This was on his first visit to me, March 6, and I recall the fact that I had been his family physician for fifteen years and that he knew how to write my name as well as his own. The next day he sent me three notes:

NOTE I.

"Dr, J H Dybeal

DEAR SIR—I think my health is somewhat improved except, that I cannot talk In fact I cannot use any words except in a very few words at a time I dont think I am as well in Calking as I am from say talk I am doing the best talking I know how I can

Very Truly &c

J W C——

1. 2. 3. 4. 5. 6. 7. 8. 9 10 &c"

In the abbreviation Dr., which I have so written, there are two capital letters blended, one upon the other, neither of which is D, but were the letters C and H. The abbreviations would be either Hr. or Cr.

NOTE II.

"*Dr J A. Dyberal
citeal (City)*

I think my Gealtical is improved but I cant I cant talked so as to be heard."

In the word Gealtical, with the capital letter G, there is also blended with it, the letter C, which would make the word also Cealtical.

NOTE III.

"*Doctor J, A, Rubrell,
City*

DEAR SIR—I think I now think my ceneal condition."

Taking up a newspaper on 12th March I asked him to read to me. I found he could not read at all, and he knew but few letters of a word. His eye happened to fall upon the word Washington. He could not make it out. After awhile he said he thought the first letter was w, but that there was something wrong with it; he did not on inquiry recognize it as a familiar thing; that it was in some way "out of place." The loss of memory of words and the inability to write was early established; so too was the inaccurate use of them.

If he stumbled over a word it seemed impossible for him to recall it, until it was pronounced by some one else; then he would pronounce it, and understand its meaning. He could not call his wife by her name, nor that of any other person by his own unaided mental effort.

He spent much of each day poring over the alphabet in the old Webster spelling book, so much so that his wife was worried lest he would aggravate his mental disorder by this incessant application. For hours and hours, pencil in hand, his eyes would wander up and down the alphabet, and sometimes in the study of short words. He would repeat the alphabet from beginning to end, and except for the fact that in repeating it by rote, and the fact also that the first letter must be A, he did not know a single letter. Once in a while he did recog-

nize one, and when he accomplished this feat, the poor man was delighted, and considered the achievement as an evidence of his improvement. If I pointed to a letter, the capital O, for example, he would begin with the first letters A, B, C, etc., until he came to the letter indicated, when he would pronounce it correctly. He could not do this by beginning at the bottom of the alphabet, because the letters had not been learned in that order. As in childhood he had learned them by rote, now he retained this early impression, and as many children do, would repeat the alphabet without being familiar with the letters composing it. If I placed my finger so as to conceal all above a certain letter and insist that he tell me what it was without going back to A, he would, after intently looking at the letter for a time, put my finger aside with some little show of annoyance, and explained as on one occasion in proper words slowly spoken, that he had to get at it in a "round about way."

Just what this mental effort was would be most interesting to know, could it have been revealed. I gave him my watch at fourteen minutes to 8 o'clock and asked him to give me the time. Looking at the watch he said, "R." Interrupting him by saying there was no letter R on the dial of the watch, he pondered silently over it and when the minute hand had reached the figure 10, he said it lacked that much of 8 o'clock, putting one finger on 10 and another at 12, which was correct; but he could give me no idea of the time included between the two numbers. This happened some ten days before his death. Numerals gave him the same trouble as words and letters.

I laughed at him about the spelling book and tried to divert his mind into some other channel, but he adhered to it, and made me understand, with the help of his devoted wife that it was a great book, and that he frequently bought copies for fear it would go out of print.

He became interested in kitchen gardening. A list of seed prepared by one of his daughters was a source of much worry to him, and another list containing names of many of his friends. While familiar with names of the vegetables, as well as those of

his friends when the names were spoken, he could not recognize the same words or names written.

Dr. W. L. Worcester, late of the Arkansas Asylum for the Insane, saw the case in consultation March 15. He confirmed fully my own views in regard to the case, but was disposed to think the brain lesion was due to a tumor rather than an abscess. His long experience and great ability in the management of diseases of the nervous system, caused me to defer to his opinion. For this reason the large trephine was used, expecting to be confronted with a tumor of some kind.

Shortly after this his general health began to fail rapidly. I had already noticed some diminution in the muscular power of the right hand, the grasp of which was less firm than the left. This grew progressively worse, and then came difficulty in walking, and later moved his right extremities with difficulty; a semi-paralytic condition. Patellar reflex accentuated instead of being decreased.

On the 27th, 28th and 29th of March, I being indisposed, my brother visited the patient, the latter having had an attack of bilious vomiting, with some fever, the first and only time any elevation of temperature was noted. After this the paralysis was increased and then improved again. His bowels were constipated and became obstinately so. Head pain became constant and severe in the locality mentioned, but was relieved with such remedies as bromide, chloral and codeine, administered as required.

I saw him in the forenoon of April 5, having been called to see him. He had passed a bad night, and up to the hour of my visit had vomited frequently and without nausea. Prescribed calomel, codeine, and ext. viburnum prunifolium. This symptom then disappeared entirely until the second day after the operation. One symptom was the discovery of a spot, tender on firm pressure just above the middle of left zygoma. At 10 o'clock p. m. April 26 I was summoned in haste. Found he was suffering great pain in his head, great restlessness, and exclamations; grasping his head with his left hand. Gave him

1-6 gr. morphia, hypodermically, which soon induced quiet and repose. The next morning he was feeling better, though the paralysis had markedly increased. He could scarcely move his right hand or leg. I now determined to operate. The brain trouble had grown steadily worse since the 6th of March, the date of my connection with the case, and during the past two weeks there had been a general breakdown in his physical condition. There was nothing to be expected from further medication or delay. His faithful wife, ever at his side during these hours of anxiety and distress, fully realizing the hopelessness of the situation, readily gave her consent to any procedure that offered hope of saving his valued life.

Preparations were at once begun for the performance of the operation, with the strictest details of antiseptic work, which was made the next day noon, April 28. I used a large trephine $1\frac{1}{2}$ inches in diameter. The distance from the glabella to the external occipital protuberance along the middle of the head was 14 inches. One-half inch behind the middle of this distance, that is to say $7\frac{1}{2}$ inches from the glabella, was the expected location of the upper extremity of the fissure of Rolando. For reasons to be mentioned it was the intention to so plant the trephine that its upper edge would correspond to a point $1\frac{1}{2}$ inches below the upper extremity of the fissure of Rolando and the anterior edge to cross the fissure to the extent of half an inch, and the remaining portion of the diameter of the instrument behind it. It will be remembered that in our earlier studies of cerebral localizations we were taught to believe that in right handed persons the convolutions of Broca (the left inferior frontal), and the brain structure adjacent to the island of Reil, were wholly concerned in the function of speech; and it will be observed that this portion of the brain was entirely ignored, our present knowledge of the subject now being more accurate. On removing the button the dura protruded slightly in the opening. It was congested darker than natural, and a still darker streak extending across it from above obliquely downward and forward.

On opening the dura the veins of the pia mater were seen to be much engorged and turgid with dark blood. This being opened, convolutions protruded prominently. The opening in the skull had been somewhat enlarged with a ronguer in order, principally to remove the sharp edge of the vitreous table and to remove a tumor should one be found. Introducing the little finger along this margin and beneath it, gentle as was the pressure, it caused the rupture of the most prominent of the exposed convolutions which afterwards proved to be the lower part of the ascending parietal. The brain substance in this ruptured convolution, the margin of which was everted, was of a dull white color, and if I may so express it, had a mealy appearance. Pressing my finger into it in the most gentle manner and meeting with almost no resistance, it entered a large cavity, about one-half inch from the outer surface in front of the fissure of Rolando, extending into the frontal lobe. I could feel nothing in the cavity. The scalp, diploë, dura, and pia mater were very vascular and bled freely. The hemorrhage was nearly under control when the pia mater was opened; nevertheless there was quite a flow of venous blood from the upper angle of the scalp wound flowing across the opening in the skull.

Some minutes after, on withdrawing the finger from the cavity in the brain, a stream of milky white fluid was noticed mingling with the stream of dark venous blood above referred to. How much of it escaped I cannot estimate, but the amount of pus was not great.

The wound and cavity were irrigated with a 1 to 5,000 mercuric solution, and the scalp wound partly closed with a few stitches, a drain of iodoform gauze placed beneath it and a rubber tube from the most dependent position.

The patient was taken from the table in good condition, having suffered but little shock. Temperature rose the same afternoon to 101° and soon decreased. He remained unconscious, and with increase in paralysis of right upper and lower extremities and right side of the mouth, until Monday morning, April 30. At this visit, his temperature and pulse were

natural: he was conscious, knew those about him, put out his tongue instantly at my request, and as I was leaving held out his left hand, pressed mine and smiled. At 2 p. m. I visited him again, and the scene was changed. He was unconscious again; had fever 102° ; pulse rapid; had vomited twice and there was slight stertor. He continued to grow worse until 6 a. m. May 2, when he died.

During this interval I had at different times dressed the wound, and removed drainage. The tube was found each time to be full of broken down brain tissue. I also passed my finger into the cavity, thinking it may have become filled with the blood and was causing pressure, but in this I was mistaken. I also washed the cavity out with the same solution mentioned, all without any improvement. There was incontinence of urine continuously, although on the day marked by improvement, he passed it into a bottle which was held for that purpose.

AUTOPSY.

The autopsy was made two hours after death with the assistance of Drs. L. P. Gibson and E. R. Dibrell. He was a man of about 6 feet in height and always slender, but his body was now much emaciated. A grumous mass of broken down brain tissue, mixed with blood slightly larger than the skull opening, extended to the level of the scalp. Diameter of skull opening increased with rongeur $1\frac{3}{4}$ inches. By passing the finger into the brain the following approximal measurements of the cavity were obtained: Inward, 2 inches; forward, 2 inches; backward and downward, $2\frac{1}{4}$ inches.

On removing the calvarium the dura was very firmly adherent to the inner table, anteriorly; less so elsewhere. Veins of the dura and pia mater enlarged and engorged with blood, were more conspicuously so around the wound and over the temporo-sphenoidal lobe. The pituitary body was dark and engorged. Vessels on the anterior surface of the medulla oblongata and the spinal cord as far down as could be seen, were intensely congested. Lateral and longitudinal sinuses were filled with clotted blood. The brain was removed, placed in

water strongly impregnated with carbolic acid, and the examination completed the same night.

Measurements on the external surface of the skull were made with the view of locating the exact spot the trephine was implanted. Upper margin of trephine opening to sagittal suture, $1\frac{3}{4}$ inches; anterior margin to coronal suture, 1 inch. In this situation is the motor area for the extremities; and the center of visual speech and mixed aphasia would be accessible. If a tumor was present, the opening in the skull being central, it could be enlarged in any direction required. It is taught that the human brain increases in weight until the 40th year of life, when the maximum is attained; then it begins to decrease at the rate of 1 ounce for each decade. With the probable loss of 2 ounces through age, and the actual loss by disease, this brain still weighed 57 ounces, or 6 ounces above the average weight of adult male brain. Although showing increased vascularity there were no evidences of organic disease in the right hemisphere, except a small depressed softened spot one-half inch in diameter, and to which the pia mater was adherent, situated on the upper part of the ascending parietal convolution, close to the longitudinal fissure.

The posterior part of the left hemisphere, as the brain lay upon a tray, appeared atrophied, the under surface being on a lower level than the opposite side, and bulged very much, laterally, imparting, on palpation, the sensation of fluctuation. But it contained no fluid. The convolutions of the parietal and occipital lobes were perfectly flat, their contour was entirely lost, and the fissures between them appearing as darkened lines. The same condition obtained to the extent of $1\frac{1}{4}$ inches on the upper end of the ascending frontal.

The convolutions embraced in the area of the opening in skull were the lower part of the ascending parietal, the supra marginal, and a part of the angular, and these showed marked evidences of softening beyond the limits of the trephine. The small angular point where the ascending parietal and the supra marginal convolutions diverge, separated by the ascending pa-

rietal fissure, was intact. Three-fourths of an inch above this the anterior margin of the trephine was almost in touch with the fissure of Rolando.

The pia mater in the diseased cortical surface of the posterior half of the left hemisphere, was so firmly adherent as to require prolonged and painstaking dissection to remove it.

Puncta vasculosa of the centrum ovale majus of the right side much larger than in a healthy brain.

The abscess cavity in the left hemisphere extended directly inward $2\frac{1}{2}$ inches, and ended five-eighths of an inch from the longitudinal fissure opposite the gyrus forniciatus; inwards and forward, and to some extent into the frontal lobe, the same distance; outward, downward and backward in the parietal lobe $2\frac{1}{2}$ inches. In fact, it extended nearly through its entire length, into the occipital lobe, only a thin layer of the cortex one-fourth of an inch thick, remaining. The left inferior frontal convolution and the island of Reil were much congested, but so far as could be determined they were not otherwise diseased. It is quite probable that the brain tissue above them was encroached upon to a limited extent by the abscess. A thin layer of brain substance separated the bottom of the abscess cavity in the parietal lobe, from the posterior extremity of the horizontal arm of the Sylvian fissure.

Very little cerebro-spinal fluid was found in the ventricles.

To briefly summarize: The prominent symptoms in this case, though not given in the order of their development, were as follows:

1. Paralysis of right upper and lower extremities.
2. Mixed aphasia.
 - (a) Amnesic aphasia.
 - (b) Alexia.
 - (c) Agraphia.

The motor center of the upper and lower extremities is located on both sides of the upper end of the fissure of Rolando. This area was markedly diseased in this case.

Amnesic aphasia, is the loss of memory of words, or loss of

the memory of the efforts to pronounce them. The center for this symptom was located by Broca in the third frontal convolution, and by Lichtheim in the first left temporal convolution or gyrus. There was in the cortex no evidence of disease in the third frontal convolutions, though they may have been affected by the abscess not far removed.

Alexia, or word blindness, located by most authorities in the back part of temporal lobe, while agraphia or inability to write in second frontal. In the former that part of the brain was nearly destroyed, and in the latter closely approximating the abscess cavity. Agraphia, according to Starr, is a part of speech, and is usually lost when the motor speech area is destroyed, but its exact location has not been fully determined, some cases pointing to the second frontal convolution; others to the lower parietal convolution near the hand center as its probable cortical position. This last conclusion in the present case was fully confirmed.

CASE II.

M. C., a white female, 30 years of age, was operated upon the day following that in the case just reported. The case presents a few points of interest.

She consulted me April 11, 1894, in regard to a painful swelling on the right side of her head, scalp and neck. On the parietal bone, above the eminence, behind the center of the bone was a small tumefaction that was soft, and I thought could detect deep fluctuation.

She had been an inmate of a house of ill repute for many years, but during the past two years had led a somewhat more respectable life. She said she had never been treated for syphilis. If she ever had that disease she did not know it; yet, I found unmistakable evidences of the disease in a few syphilides.

Three years ago she was struck across the head over the right parietal bone with an umbrella. The blow caused much pain, and she was sick in bed afterwards, having had in that interval twenty-seven "spells" or convulsions. On the 15th of April, under ether, I made an incision through the scalp, at the point

of greatest prominence. Nothing came out at first but blood. Inserting my finger, I turned out one-half ounce thick, tenacious pus and gummy material. At the same time I detected a surface of rough denuded bone.

The wound in the scalp was drained and irrigated.

April 29th she was again etherized, and on raising the scalp an old depressed fracture $1\frac{1}{2} \times 1$ inch was exposed. With a chisel the soft bone around the fracture was cut away sufficiently to admit of the use of a rongeur, with which all the diseased bone was removed. The dura mater was very much thickened and overlying scalp infiltrated. The latter was scraped away with a sharp spoon.

In the afternoon following, patient had seven spasms, and the next one, but there has been no attack since.

The patient has recovered. In regard to the convulsions, it is too early to determine what the ultimate result will be.

I operated in this case to relieve suffering, and I did not know of the convulsive seizures until after the first incision was made in the scalp, when I was asked to prescribe.

There were no indications of gummati elsewhere on her body, and it would appear that the one formed beneath the scalp was under the stimulus of traumatism.

I am greatly indebted to Drs. Gibson, Hooper, Miller, Kempner, French, and my brother, E. R. Dibrell, and to medical students Bentley and Snodgrass, for valued assistance, most of whom were present in one or both these cases of brain surgery.

(*To be Continued.*)

THE JOURNAL has simply performed a duty in calling attention last month to the report of the Insane Asylum. As a new board has been appointed it is deemed best to defer the further comments which it had intended to make until the new trustees shall have had an opportunity of showing their capability and determination to manage the State charitable institutions in the interest of the inmates.

Valedictory Address.

BY FRANK VINSONHALER, M. D., LITTLE ROCK.

[Delivered on the occasion of the Sixteenth Annual Commencement of the Arkansas Industrial University, Medical Department, April 4, 1895.]

Mr. Chairman, Ladies and Gentlemen, Gentlemen of the Graduating Class:

It is incumbent upon me as a member of the faculty and as a friend and teacher, to deliver to you in behalf of the institution from which you graduate, a farewell address. No one can fully appreciate an occasion like this except those to whom these exercises are dedicated. It is like the climax of every effort, a moment for congratulation. We have lately been told that the pilgrim fathers after a long and trying series of hardships, reached the famous rock to fall upon their knees and immediately afterwards upon the aborigines. Every effort crowned with success brings with it its measure of satisfaction. Let us hope that in emulating their example, you will be judicious and conservative. Perhaps of more interest than all is the fact that this is the very best day, of the best age, that the world has ever seen. Medicine offers now more than at any time. The fullness of reward to honest and well directed efforts. It is a fact that cheers and sustains every tired, overworked investigator that at last we have passed through what appeared to be impenetrable and placed the treatment of disease upon as scientific basis as the law of equivalents. Nearly three-quarters of a century ago an heir to the empire of France was ill with diphtheria and died. So struck was the government and the nation with the utter helplessness of science to cope with the disease that they caused a sum of money to be appropriated as a prize for the best medical essay upon the subject. The essays were numerous and long, but at best were only refined and learned confessions of ignorance and inadequacy. In the fullness of time there dawned upon medicine like the first morning glow a

new science, a science that grew out of the genius and marvelous energy of Pasteur. It meant so much that one might say the science of pathology had to be born again. The laborious and learned treatises, which occupied the library shelves of the archives of medicine, lost their worth and became interesting only as records of what men had formerly believed to be true. Such a triumph meant a great deal to humanity, and the applications of the germ theory in medicine and surgery made their influence felt at once on the mortality records of hospitals and dispensaries. Each surgeon felt stronger for the performance of life saving with the consciousness that new weapons were placed in his hands for so doing. There is a story of a German professor who had devoted his life to the study of the Latin language, and especially the grammatical construction and relations of the nominative and dative cases, with a fair measure of success. Upon his deathbed he bitterly reproached himself for his wasted life and said, were he to live it over again he would devote all of it to the dative case alone. This exaggeration, amusing as it is, serves to call attention to the peculiar faculty possessed by this wonderful people of selecting a subject and by patient, tireless industry to isolate from its environments and place it where it can be utilized in a scientific way. Germany has enriched medicine in this way to a degree that few understand or appreciate, and while death entered the confines of the French empire and robbed the people of an heir to the throne at the exact time when Grouchy's cavalry rode down the last vestige of German autonomy in the wheat field at Friedland, this same nation after not quite a century send one of their number, in the person of Professor Behring, to claim the prize offered by the government for the cure of diphtheria. History has its revenges.

Every life is only a bundle of habits. We acquire or lose them gradually. Mark Twain is authority for the statement that nothing needs reforming so much as other people's habits. Be careful how you acquire them. There is one trait that I want to, and have always tried to impress upon you, and that

is, the habit that leads to thoroughness in every detail of professional life. In the ultimate result of a surgical operation the very thing you neglect and overlook was the thing necessary to a good result. Dr. Thomas was fond of saying that he could predict a man's failure or success in life by the thoroughness and thoughtfulness with which he approached the little things in medicine. When you locate in your village, an opportunity to illustrate this statement will present itself. You will be called to see some lingering and difficult case that has been languishing under the hands of various physicians. In consultation you will be asked by them, doctor please examine the case. In preparing your opinion, do so carefully and thoroughly, and after you have done so and have gone your way, they will quietly say, well he does know something. He don't know as much as we do, of course, but he goes about things in the right way. We have to keep our eye on him, and you may be sure that they will. In your office keep your instruments clean. You owe this honestly to yourself and your patients. Keep your reference books convenient. Consult them often. Record your cases. This is the secret of professional advancement. If you do these things the habit of careful, painstaking work will grow upon you.

Providence endows natures differently. The study of history contains no more interesting and instructive truth than this. Professor Sloane tells us in his recent character study of the great Corsican, that as a young man he manifested an unscrupulous, untiring passion for diplomacy and war.

So it is that following the bent of natural characteristics men select those things which nature intended them to perform. If there comes to you, as there may, a desire to select some department of medicine and confine your efforts to that, do so; but do so after consulting your own peculiarities. Do not wait until you succeed in convincing yourself that you are a failure in the profession as a whole. After concluding to specialize avail yourself of all opportunities for acquiring the requisite skill and advantages necessary to assume the responsibilities that

follow in the wake of special work. If you do this your career will probably be satisfactory. The various specialties, while full, are by no means overcrowded. Without the necessary preparation, to which I have referred, the practice will be very unsatisfactory. For the half educated specialist, like the half educated doctor, may become a source of danger to the community in which he lives. In the friction and worry of professional life there is and ought to be ever present the desire for eminence in the profession. This vanity, if it may be so designated, is really necessary. The indifferent man never succeeds. He who knocks at the door of his ideal with irresolute finger never enters. Greatness is never thrust upon one, but is always earned. The successful man, like the apostle of old, is ever ready to give a reason for the hope that is within him. Frequently the public, who do not understand the cause, but appreciate the fact, like the Arkansas legislature, are found attributing his abilities to inspiration. While the possessor, if he is honest, knows that what he possesses has been gleaned by patient investigations, and by the accumulated knowledge, the heritage of a great, silent, tireless army of workers that have gone before, and with the microscope, the scalpel and the alembic have collected and crystalized crudeness into science. A physician alert, progressive and practical is the product of these scientific truths, and the creator of but few of them, and when from behind the authority of his profession, he seeks^{*}by influence or example to degrade its dignity, he is unworthy in every way to share its honors.

How often is it said that the man who is a good doctor and nothing else is never a very good doctor. These epigrams live through generations and there is always a reason for them. Usually it is the truth that they contain. Dr. Holmes, the good grey poet of our craft, was to me the example of what I mean. His life was a copy of the noblest poem he had ever written. Opportunity filled the three score and ten years of his life to overflowing, and out of his sunny nature came the class poem, so long famous, and "Bill and Joe." To the genial au-

tocrat his wit was as necessary as the air he breathed. It is gratifying, viewing his life as a whole, to remember that he was ever active in medicine, his chosen profession, and that his lectures, delivered from the chair of anatomy in the Harvard Medical School, became models of what such lectures ought to be. He saw the transition of surgery under Wells' discovery of anæsthetics from pain into dreamless sleep; watched Bigelow in the amphitheatre of the Massachusetts general hospital do the first operation after the discovery, and filled with the glow of enthusiasm, christened the new process anæsthesia. It is a pleasure to recall the memory of this man, because it has been urged against our profession that it is a vocation which develops but imperfectly the man. Makes him absorbed and in a measure unattractive and uninteresting because undeveloped.

George Eliot puts this objection in the mouth of no less a person than the doctor's own wife, in her best character study of a physician's life, and unfortunately this is the prevailing opinion which physicians themselves sometimes try to create, either purposely or by carelessness and indifference. Success is none the less sure in remembrance of the fact that we were intended to be social creatures and perform social duties in a manly way. There was, too, in the life of Dr. Agnew, a pattern that most of us could follow with profit. He was ever interesting and stimulating to the young men who were always about him. There was something very attractive in the genial, unassuming manner of this great man. As a surgeon he was prompt, independent and decisive, with a courage marvelously ready for emergencies. He had, too, a very ingenious and quiet wit about him that enlivened his lectures and his conversation. I never knew him to come in contact with a nature that he did not influence. There was in the personality of the man something that led the most noted agnostic of our time to say of him, that were all Christians like Dr. Agnew all men would be Christians. He had a rare faculty of going about quietly doing good.

There is often in the beginning of most professional lives

an exaggerated idea of the difficulties that beset and surround the beginner. Perhaps this is after all only nature's method of stimulating us to do our best. Moliere in his famous drama loves to dwell upon some of the oddities and weaknesses that flourished in the medical profession of his time. Some of them still live. Perhaps the most virile one, and at the same time amusing, is the awful dignity that surrounds and pervades the existence of the young doctor. He is never surprised away from its presence, but after a time notices that people who always look smart never do anything else, and that after all great characters are always simple and unostentatious. This is one of the healthiest moments of life, and if there is born with it a desire to excel by means of work, the recipient will soon be on the road to eminence. It is customary to advise doctors to avoid politics. Too often without good and sufficient reason. So many of these old sayings go unchallenged that the public and the profession come to accept them as proven and look upon any departure from their application with suspicion. It has always occurred to me that a man is a citizen before he is a physician. It has always been the reproach of our profession that so few of its members reach a degree of eminence in the public service, and there is no good, valid reason why physicians in our rural districts should not avail themselves of the fullest measure of citizenship. Enter into the affairs of your community. It will do you good and develop you as a man. No one can suffer isolation from these influences without its weakening the intellectual and moral fiber of the man.

Now there is one prescription which I am going to give you free of charge; one more essential to your happiness than any I have yet ordered, and that is, get married. The man who attains the dignity of doctor in medicine and has never shared its honors and responsibilities with any one, stands before his fellow man a self-confessed failure. Every good man's hand is and ought to be against him. We are told that in the estimation of the ancients there were three graces. To this the modern public and especially the medical public with its correct

appreciation has added a fourth, the doctor's wife. No one ever realizes what personal sacrifices she makes or what she endures in the interest of her liege lord and he, I am sorry to say, is very apt to lack in appreciation in the face of the engrossing, absorbing details of every day professional life. The telephone calls for the doctor to come and come quickly to the bedside of some teething and spasmodic infant. The recollection of messages. The irregular life and hours of her spouse. The wonders of the surgical instrument bag with its noisy and gruesome odors perfuming the library like the box of Pandora. The attention to book clubs, afternoon teas with tact and watchful interest that she does not lose friends, go to make up some duties of the doctor's wife. Sometimes, too, in the lives of strugglers and bread winners there come times of doubt, self questioning and awful bitterness. The continuous strain is too much, and even hope and natural healthy buoyancy go down before it. All men feel this way at times. Then it is that strength and redemption comes from the ever ready sympathy of women, and many a tragedy and failure have been averted and the brutality of hard work is smoothed away by the doctor's wife. She is not ideal, but a reality, and if any part of the handiwork of Providence is entitled to the designation of the better half, we unhesitatingly vote it to the cheery helpmate of the doctor.

It is given to you as doctors in medicine now to take your places as citizens of the various communities in which your fortune shall be cast. Some of you, doubtless, will be a part of this State. I congratulate you, for everything points to a wonderful industrial awakening. It is the birth time of the new South. The South of Grady, alive with hum of cotton spindles, the growth of new and splendid enterprises, the healthy glow that comes from an awakening desire to excel in material things which, if unhindered, will place her where we shall be proud of her and where she rightfully belongs, one of the richest, sunniest commonwealths under our flag.

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Editorial.

The Duty of Professional Spirit.

"I hold every man debtor to his profession, from which as men of course do seek countenance and profit, so ought they of duty to endeavor themselves by way of amends to be a help and ornament thereunto."

These quoted words were written a long time ago, but if there ever was one time more than another in the history of the

medical profession when they should be impressed upon the heart of every conscientious medical man, that time is right now.

A spirit of commercialism is taking hold of the members of the profession, and while this tendency is now confined to a loudmouthed few who mistake noise and notoriety for numbers and reputation, it may spread and unduly affect the whole profession, unless the reputable physicians awaken to a full realization of that duty of professional spirit which will cause them to be jealous of the honor and dignity of their calling. The old saying that "a man is known by the company he keeps," has been aptly changed to suit the modern tendency by putting it: "A man is known by the *money* he keeps," and, it might be added, without questioning the methods used in getting it.

The financial standard is the one universal gauge that is used too much nowadays in measuring the attainments of men in all the walks of life. In law, the great man is known as the big corporation lawyer who gets \$50,000 a year. Even in the ministry many men are better known by their big salaries and sensational preaching than by their pureness of heart and deeds of mercy.

The craze for notoriety and riches is robbing all of the great professions of those noble attributes which formerly marked the careers of their greatest men. Medicine is the greatest sufferer from this *fin de siecle* tendency, because it is the noblest of them all—above even the ministry, because the latter concerns only the spiritual life, and has not to deal with the temporal affairs of men, while to the true physician the hearts of all his patients are opened; from him no secrets of theirs are hidden and to him all their desires are known. What then should be the character of a man who assumes the grave responsibilities of family physician? What should he do to bring honor to his chosen calling? He should always keep before him the everlasting truth that he is a member of the noblest calling in which it is permitted man to engage. While rigidly adhering to the legitimate laws relating to the commercial

aspect of his profession, and demanding at all times his just dues, he should no less persistently inculcate in himself that professional spirit which manifests itself in the doing of good deeds for the professional welfare, and avoiding all things that bring reproach upon his profession. No man liveth to himself, neither doth any man die to himself; every conscientious, good-hearted doctor is his brother's keeper, as well as the custodian of the good name of his lofty profession.

Money making is easy in our time; but making money honestly is just as difficult now as it ever was, and getting rich in the medical profession is perhaps the most difficult of all. The medical man owes it to himself to provide as best he can for his own while he lives and to endeavor to leave his dependents provided for when he shall die or become incapacitated. All of this he can do and yet never be without that spirit of devotion to his profession which shall be a comfort to himself and an example to his friends.

In no way can the professional spirit be better manifested than in medical organizations, where the prime object is the good of the profession, with incidental, but nevertheless certain benefit to the individual. Where a society is conducted on such principles the tendency of the profession in that locality is upward and onward. Where each man goes in to get all he can out of it and gives as little as possible in return, decay of the profession and the individual is the inevitable.

This latter truth was illustrated in a rather impressive way in one of the Eastern baseball clubs a few years since. One of the large cities determined to have the championship of the league and engaged a club composed of the best individual players in the country. Their catcher had the record for his position, the percentage of the pitcher was the highest in the land, and so on with every member of the club. But what was the result when the season opened? It was soon found that the club was weak in *team work*; they would not pull together—each man was trying to make his own record higher and keep down the percentages of his fellow players. Of

course disaster and defeat was the outcome of such an aggregation, and so will it be in all similar combinations.

In our own State the present time is an opportune one for showing the true professional spirit, and we hope to see such a manifestation of it at the meeting of our State society as has never before been experienced by a similar organization. A selfish physician may make his fortune but he may find too late that he has given his honor and self-respect in exchange, and the last days of the man, when he ought to find enjoyment in his riches will be worse than the first, when he was striving to get them.

The Governor's Veto of the Medical Bill.

The veto message of Governor Clarke is published elsewhere in this number of THE JOURNAL. The message states in clear, concise and forcible language the objections to the bill which reestablishes, with some improvements to be sure, the old county boards of medical examiners. The improvements consist in requiring that two members of each board shall be graduates in medicine, and the license shall permit the holder to practice in the county in which it was issued and in those to which his practice may extend.

That the county board system is the most popular with the irregular practitioners who constitute a majority of the doctors in our State there is no doubt; and that it is popular with the uneducated and ignorant citizens generally is also a fact; and, finally, that it affords a fine theme for demagogues to dilate upon was prominently shown in the recent debate where the little barefooted boy, striving to get an education, and local self-government for counties were worked for all they were worth by men who were the introducers and pushers of local bills of every kind intended to nullify local self-government by special legislation.

Fully realizing the popularity of the bill but rising above the popular demands, the governor had the courage to withhold his approval and the bill was passed against his veto.

Some members of the legislature who voted against the bill on its first passage voted for it on the question of passing it notwithstanding the veto of the governor. This was done as a rebuke to the chief executive for having said, it was alleged, some rather uncomplimentary things about the failure of the general assembly to pass certain laws of great importance to the State. Governor Clarke will receive the praise of the progressive members of the medical profession all over the United States for the stand he has taken and the intelligent citizens of Arkansas, both in the medical profession and out of it, will commend him for this display of good sense and courage.

The New Medical Law.

As predicted in a former issue of THE JOURNAL, the Clement's bill passed both houses of the generally assembly, was vetoed by the governor and was finally passed over the veto. The only change made in the bill as it was originally introduced was an amendment adopted by the senate requiring that at least two members of each board shall be graduates.

The first Arkansas medical law was defective in the essentials that the new act seeks to remedy, viz: not having any standard of qualification for members of boards and not requiring licentiates to practice only in the counties in which they were registered. A long and strong fight was for several years made to have these defects remedied, but no change could be effected until the repeal of the whole law was enacted two years ago and an act was passed taking the whole question out of the hands of the medical profession, and except as to examining of undergraduates by a State board of examiners, and county clerks were made the censors of the medical profession.

THE JOURNAL is free to admit that the new law is a better one in some respects than the one under which we have been working for the last two years. It at least has the advantage of putting the examinations into the hands of physicians in-

stead of licensing by county clerks. The chief objection to the new act is that it will be harder to change it than it would have been the law it repeals. There was a fair prospect that a bill could have been passed putting the entire subject of regulating medical practice into the hands of the State board of health. In THE JOURNAL'S opinion this is the consummation for which we should strive incessantly. A good State board of health should have to deal with all matters affecting the lives and health of the people and, certainly nothing can affect these more than the kind of physicians who advise them in health and minister to them during sickness.

There are one or two counties in the State in which THE JOURNAL has been unable, after numerous requests, to obtain the names of a single graduate. The new act will not apply to those already practicing in these counties, but how is the first graduate to get his license, and how are the new boards to be appointed, when there are not two graduates in the county?

The other objections to the law are so forcibly set forth by Governor Clarke we feel there is nothing for us to add.

The Regular Physicians of Arkansas.

For some time the secretary of the society has been engaged in the endeavor to obtain the name and address of every regular physician, graduate in good standing, in this State.

So far returns have been received from sixty-five of the seventy-five counties in Arkansas.

The aggregate foots up 741. The returns, according to counties, are as follows: Arkansas, 9; Ashley, 19; Baxter, 5; Benton, 19; Boone, 14; Bradley, 11; Calhoun, 6; Carroll, 14; Chicot, 6; Clark, 12; Clay, 3; Cleburne, 3; Cleveland, 11; Columbia, 8; Conway, 8; Craighead, 12; Crawford, 9; Cross, 8; Dallas, 6; Desha, 5; Drew, 12; Faulkner, 14; Franklin, 15; Fulton, 3; Garland, 21; Grant, 3; Greene, 13; Hempstead, 14; Howard, 9; Independence, 23; Izard, 5; Jackson, 11; Jefferson, 28; Johnson, 13; Lafayette, 5; Law-

rence, 12; Lee, 15; Lincoln, 4; Logan, 20; Lonoke, 14; Madison, 8; Miller, 10; Mississippi, 11; Monroe, 14; Nevada, 11; Newton, 4; Ouachita, 10; Phillips, 10; Pike, 2; Polk, 2; Pope, 13; Prairie, 9; Pulaski, 60; Randolph, 11; Saline, 13; Sebastian, 24; Sevier, 10; St. Francis, 2; Stone, 2; Union, 11; Van Buren, 2; Washington, 19; White, 12; Woodruff, 11; Yell, 17. This gives an average of $11\frac{1}{3}$ graduates in each county. The counties not heard from so far are Crittenden, Hot Spring, Marion, Montgomery, Perry, Poinsett, Scott, Searcy and Sharp. The only counties about which there is doubt as to their containing a graduate are Montgomery and Searcy. Communications addressed to correspondents in Marion, Scott and Sharp counties have not elicited any reply, perhaps because the regular physicians addressed in these counties have removed from the county or changed their post office. It is possible some of the persons addressed have neglected to reply, though several letters have been addressed to each of them.

The Medical and Surgical Register of the United States for 1893, gives as the total number of physicians in our State 1,891, while *The Arkansas State Gazetteer and Business Directory*, 1892-93, gives the names and addresses of 1,608.

Making due allowances for the slight inaccuracies that exist in all of these computations, it is evident that the regular physicians in Arkansas are in a minority, the other classes composing about 1,800 or 2,000 of her practitioners, while the graduates unquestionably number less than 1,000.

There are not ten counties in the entire State that have less than the requisite number of regular physicians to organize a medical society. Suppose there was a society in each of the sixty-five counties, what influence could such a combination exert, not only in medical matters, but in everything that pertains to the destiny of our State. The exhibitions of disregard for the wishes or advice of the medical profession in our State are growing more and more manifest each year. This is because

the profession, as a body, is not keeping up the organization it ought to maintain.

This is a good year to turn over a new leaf. Ponder over the figures contained in this short article, and compare the growth of the medical profession with the growth of our State. Like most of Arkansas' great resources, the medical profession is undeveloped.

The twentieth meeting of the Arkansas Medical Society, the only representative of medical organization of our State, will meet at Little Rock May 1. This will afford every regular physician in Arkansas an opportunity to enroll his name in the cause of progressive medical organization.

The Report of the House Committee on State Charitable Institutions.

THE JOURNAL has not had an opportunity of reading the reports submitted by the above named committee. We understand there was a majority and a minority report, the former reporting favorably on the conduct of State charitable institutions and the latter dissenting on some questions pertaining to the management of the State Lunatic Asylum. These reports and the accompanying testimony have not been printed and THE JOURNAL has not had the opportunity of reading them.

A new board of trustees of the State charitable institutions has been appointed by Governor Clarke. The members of this board ought not to be blinded by prejudice or swayed by friendship. In justice to them they should have a fair opportunity to correct the mistakes of their predecessors and institute such reforms as shall be necessary to place the one of the institutions which is closest to the hearts of the people and in which the medical profession is most interested, on the same high plane it occupied before politics despoiled it.

Editorial Notes.

THE physicians of Hot Springs who have had to deal with the recent epidemic of smallpox in that city, have been very promptly dismissed by the new city government which went into effect April 8. THE JOURNAL ventures the assertion that whatever mistakes were made by the medical officers of the city in concealing the true state of affairs from the beginning of the disease at Hot Springs, were the result of importunity and dictation by the very "business" men who have instituted the new regime.

THE board of penitentiary commissioners have reëlected Dr. G. D. Dickerson to the position of penitentiary physician. Dr. Dickerson has devoted his whole time to the care of the sick and disabled convicts and the good results of his work are fully set forth in the report of the board of commissioners. It makes an excellent object lesson of the financial savings to the State in the health of the convicts whose time is the property of the State. The maxim that health is wealth is admirably illustrated by the statistical reports of the superintendent of the penitentiary, which THE JOURNAL will notice more fully in the future.

IN the debate on the reports of the committee on State charitable institutions, a member of the house stated that the editorial in this journal last month on the management of the Insane Asylum was inspired by personal enmity towards the present superintendent. There is not one word of truth in such a statement. As far as THE JOURNAL is concerned there is absolutely no personal ill will towards the present superintendent. This statement was made in the article referred to and also under oath in the presence of the member of the legislature who deliberately stated to the contrary. Neither did any one connected with THE JOURNAL send any copies of it to members of the house of representatives as stated by the same member who let his zeal for his client and the desperate condition of his case induce him to abandon the paths of truth for byways of expediency.

The Arkansas Medical Society.

OFFICERS OF THE SOCIETY 1894-95.

President—A. C. JORDAN, Pine Bluff.

- First Vice Pres.*—J. D. SOUTHDARD, Fort Smith. *Secretary*—L. P. GIBSON, Little Rock.
Second Vice Pres.—M. FINK, Helena. *Assist. Secretary*—D. A. GRAY, Little Rock.
Third V. Pres.—G. W. HUDSPETH, Little Rock, *Treasurer*—A. L. BREVSACHER, Little Rock.
Fourth V. Pres.—R. P. MOORE, Oak Grove. *Librarian*—R. B. CHRISTIAN, Little Rock.
Section on Practice of Medicine—R. G. JENNINGS, Chairman, Little Rock; E. MEEK,
 Secretary, Argenta.
Section on Surgery—ADAM GUTHRIE, JR., Chairman, Quitman; J. R. LYNN, Secretary,
 Des Arc.
Section on Obstetrics and Gynecology—GEO. F. HYNES, Chairman, Fort Smith; T. M.
 BAIRD, Secretary, Hot Springs.
 The Time of the next meeting—Wednesday, the first day of May, 1895.
 The Place of Meeting—Little Rock, Ark.

The Standing Committees for 1894-95.

- Committee of Arrangement*—F. Vinsonhaler, Chairman, D. A. Gray, W. H. Miller, R. W.
 Lindsey, R. G. Jennings.
Committee on Credentials—E. R. Dibrell, Chairman, R. B. Christian, M. G. Thompson.
Committee on Medical Education—A. A. Horner, Chairman, J. W. Hayes, W. B. Deffen-
 baugh, J. S. Corn, R. M. Drummond.
Committee on Medical Legislation—J. H. Southall, Chairman, L. R. Stark, L. P. Gibson,
 H. P. Collings, W. W. Hipolite.
Judicial Council—J. S. Shibley, Z. Orto, E. Bentley, J. A. Dibrell, Jr., D. C. Ewing, W. H.
 Barry, W. P. Owen, G. F. Hynes, D. H. Stayton.

COMMITTEE ON STATE MEDICINE.

| COUNTY. | NAME. | POST OFFICE. |
|--------------|------------------------|----------------|
| Jefferson | A. B. Loving, Chairman | Pine Bluff |
| Arkansas | J. H. Hutchinson | De Witt |
| Benton | J. T. Clegg | Siloam Springs |
| Boone | A. J. Vance | Harrison |
| Carroll | J. M. Paynor | Berryville |
| Clark | A. B. Moore | Gurdon |
| Cleveland | T. H. Ackerman | Toledo |
| Columbia | J. T. Hawkins | Mt. Holly |
| Craighead | T. H. Jones | Jonesboro |
| Crawford | M. S. Dibrell | Van Buren |
| Cleburne | A. Guthrie, Jr. | Quitman |
| Dallas | Z. J. Lantorn | Dalark |
| Drew | M. Y. Pope | Monticello |
| Franklin | J. F. Blackburn | Ozark |
| Garland | J. H. Gaines | Hot Springs |
| Hempstead | S. M. Carrigan | Washington |
| Howard | J. S. Corn | Nashville |
| Hot Spring | J. F. Graham | Malvern |
| Independence | W. B. Lawrence | Batesville |
| Izard | D. E. Evans | Barren Fork |
| Jackson | J. M. Jones | Newport |
| Johnson | W. R. Hunt | Lamar |
| Lafayette | D. W. Bright | New Lewisville |
| Lonoke | G. W. Granberry | Cabot |
| Lawrence | W. J. Hatcher | Imboden |
| Lee | D. S. Drake | Marianna |
| Lincoln | E. T. Pry | Douglas |
| Little River | L. A. Sager | Rocky Comfort |
| Logan | W. B. Deffenbaugh | Paris |
| Marion | W. R. Brooksher | Yellville |
| Miller | W. C. Spearman | Texarkana |
| Mississippi | H. C. Dunavan | Osceola |
| Monroe | W. T. Bailey | Clarendon |
| Nevada | E. R. Armistead | Prescott |
| Phillips | E. R. Shinault | Helena |
| Pope | J. A. Westerfield | Atkins |
| Prairie | B. W. Flynn | Des Arc |
| Pulaski | E. Meek | Argenta |
| St. Francis | J. R. Cason | Forrest City |
| Scott | A. W. Sanford | Waldron |
| Sebastian | T. J. Wright | Ft. Smith |
| Sevier | F. Smith | Lockesburg |
| Sharp | J. Johnson | Sidney |
| Stone | R. S. Blair | Mountain View |
| Washington | T. W. Blackburn | Fayetteville |
| White | K. A. McIntosh | Beebe |
| Woodruff | L. A. Jelks | McCrary |

Preliminary List of Papers.

SECTION ON PRACTICE OF MEDICINE.

1. *Address of the Chairman*—By R. G. Jennings, M. D., Little Rock.
2. *The Difficulty of Differential Diagnosis of some of the Exanthemata*—By M. S. Dibrell, M. D., Van Buren.
3. *The Diagnosis of Smallpox*—By T. M. Baird, M. D., Hot Springs.
4. *The Causes and Treatment of Pruritus Ani*—By C. Travis Drennen, M. D., Hot Springs.
5. *Headache*—By J. S. Shibley, M. D., Paris.
6. *Typhoid Fever*—By A. J. Brewer, M. D., Newport.
7. *Climatology in its Relation to the Treatment of Phthisis Pulmonalis*—By M. Fink, M. D., Helena.

SECTION ON SURGERY.

1. *Address of the Chairman*—By Adam Guthrie, Jr., M. D., Quitman.
2. *The Surgical Treatment of Epilepsy with Report of Two Cases*—By T. J. Wood, M. D., Batesville.
3. *Clinical History of Two Cases of Abscess of Internal Organs as a Sequellæ to the Grip*—By J. W. Hayes, M. D., Marianna.
4. *Cancer*—By G. W. Hudspeth, M. D., Little Rock.
5. *Exhibition of a Specimen of Cancer of the Pancreas*—By E. G. Epler, M. D., Fort Smith.
6. *Two Cases Illustrating the Importance of Early Interference in Acute Intra-abdominal Disease. One Case of End-to-end Anastomosis for Fecal Fistula*—By J. A. Dibrell, Jr., M. D., Little Rock.
7. *Appendicitis*—By John M. Maury, M. D., Memphis, Tenn.
8. *Some Cases of Abdominal Surgery*—By George W. Cale, M. D., St. Louis, Mo.
9. *Treatment of Some Cases of Traumatic Cataract*—By James Moores Ball, M. D., St. Louis, Mo.

10. *Paralysis of the Ocular Muscles*—By H. Moulton, M. D., Fort Smith.

11. *Chronic Prostatitis*—By B. Hatchett, M. D., Fort Smith.

12. *Vesical Calculus*—By O. C. Hankinson, M. D., New Gascony.

13. *Laryngeal Neoplasms, with Specimen Drawings*—By Frank Vinsonhaler, M. D., Little Rock.

14. *Pyæmia with Illustrative Cases*—By E. Bentley, M. D., Little Rock.

15. *Diagnosis and Treatment of Hip Disease in Children*—By S. E. Milliken, M. D., New York.

16. *A Case of Hip Disease with Splint Used in its Treatment*—By W. D. Deffenbaugh, M. D., Paris.

17. *The Rural Surgeon*—By N. B. Beakley, Jr., England, Ark.

18. *A Paper (Title not yet given)*—By W. B. Lawrence, M. D., Batesville.

19. *A Paper (Title not yet given)*—By C. R. Shinault, M. D., Helena.

SECTION ON OBSTETRICS AND GYNECOLOGY.

1. *Address of the Chairman*—By George F. Hynes, M. D., Fort Smith.

2. *Report of Cases of Uterine Cancer*—By T. J. Wood, M. D., Batesville.

3. *Intermittent Strabismus as a Reflex Symptom of Uterine Catarrh*—By T. J. Wood, M. D., Batesville.

4. *A Case of Placenta Prævia Complicated with Tetanus after Delivery*—By M. S. Dibrell, M. D., Van Buren.

5. *Six Laparotomies for Ovarian Growths*—By J. A. Westerfield, M. D., Atkins.

6. *Removal of a Sixty-pound Ovarian Cyst*—By J. D. Southard, M. D., Fort Smith.

7. *The Dangers and Duties of the Hour*—By C. E. Nash, M. D., Little Rock.

PAPERS TO BE READ IN THE GENERAL SESSION.

1. *Address of the President*—By A. C. Jordan, M. D., Pine Bluff.
 2. *Report on Medical Education*—By A. A. Horner, M. D., chairman, Helena.
 3. *Report on Medical Legislation*—By J. H. Southall, M. D., chairman, Little Rock.
 4. *Report on State Medicine*—By A. B. Loving, M. D., chairman, Pine Bluff.
 5. *The Progress of Medicine in Arkansas During the Last Decade*—By Geo. D. Gray, M. D., Haynes.
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Reduced Railway Rates.

As usual the railways have kindly reduced the rate to those attending the meeting to one and one-third the regular fare. To obtain the benefits of this reduction it is *absolutely necessary* that the following conditions be complied with:

When purchasing a ticket take a certificate receipt for full fare paid going to Little Rock. If more than one road has to be traveled over, obtain a receipt from each one. On presentation of these receipts, after being signed by the secretary of the society, the agents will sell return tickets at one-third the full rate. The following is quoted from the letter of Mr. H. C. Townsend, general passenger and ticket agent of the Missouri Pacific—Iron Mountain Railway.

"Please impress upon delegates the absolute necessity for their securing these certificate receipts on the going trip, as we will be unable to refund full fare paid returning through any misunderstanding on their part in this respect."

With all the italicizing and CAPITALIZING we have been able to use in impressing upon members the above requirement, every year several members forget it and have to pay full fare returning.

HOTEL RATES.

The Capital, \$2.50 to \$4; the Richelieu, \$2 to \$3; Gleason's (American plan), \$2 to \$2.50, European plan, rooms \$1 to \$1.50; Metropolitan, \$2.

PLACE OF MEETING.

The session of the society will be held in the senate chamber of the State capitol.

TIME OF MEETING.

The society will meet on Wednesday, May 1. The registration of delegates and payment of dues will begin at 9 o'clock Wednesday morning; and as soon as the preliminaries are completed the society will be called to order at about 11 o'clock.

The morning sessions will be devoted to the general sessions and the afternoons and evenings to the scientific programme in the sections.

The Meeting of the American Medical Association.

The American Medical Association will meet at Baltimore, May 7. A rate of one and one-third the regular fare has been obtained for the delegates attending this meeting. The general convention of the Baptist Church will be held at Washington City during the same week. The delegates to the latter meeting have been granted a rate of one fare for the round trip.

Delegates to the American Medical Association can take advantage of this unusual rate to Washington and attend the Medical Association at Baltimore, which is only 40 miles distant. Physicians residing in this part of the country have never before had such an opportunity to attend the American Medical Association and enjoy a trip to the seashore.

If all those who expect to attend the Baltimore meeting will notify the secretary of the State society, Dr. L. P. Gibson, *at once*, stating how many will accompany them he will endeavor to make still more advantageous arrangements. This

can only be done on condition that all who intend to go will agree to do so by the route selected.

The rate (one fare for the round trip to Washington) is \$26.55. Baltimore is only 40 miles (45 minutes from Washington) and the fare between the cities is trivial.

Send the Titles of Papers to the Secretary.

With the exception of the Section on Surgery, the programme is by no means full. Those who desire to read papers but have not sent their titles to the proper officers, will confer a favor by immediately transmitting their subjects to the secretary of the society. It will be utterly impossible to arrange a nicely working programme unless all the necessary data is on hand in ample time. It requires several days to arrange the programme and have it printed.

More Papers are Wanted.

Papers are needed for the sections in Obstetrics and Gynecology, and on the Practice of Medicine. If these two sections can be made as full as that on surgery, we will have the best scientific meeting ever held. It is not too late to fill the programmes of all the sections.

Send Papers to the Secretary.

Every year confusion and loss of time results from the failure of some who have promised papers to be present or send their papers. The secretary particularly requests that all of those who expect to read articles will send the papers to him before the meeting. The authors might be detained at the last moment, but this misfortune can be very much mitigated by sending the papers beforehand so that the whole society will not be inconvenienced by the mishap to one or more members.

For any Further Information.

If any further information is wanted, however seemingly unimportant, don't hesitate to write to the secretary of the society.

The Prospect of the Meeting.

The meeting of the society last year was not up to the expectation. Hardly anything has come up to expectation for the last three years, except expenses and debts, and the society did about as well as anything else. It is with organizations as it is with individuals sometimes. They go on getting indifferent, careless and negligent until some catastrophe startles them and a radical change for the better takes place. So, last year during the meeting remarks like these were heard on all sides: "I am going home and work for the society." "I am ashamed of our county this year; it will never do so poorly again." "We must go to work and have a big meeting at Little Rock." "I am going to write a paper myself for the next meeting." And thus was it manifested in every way that a reaction had set in that would carry success with it.

THE JOURNAL, fully realizing its share of the responsibility for whatever defects were apparent, determined that it would bend every energy to fulfill its mission as the agent of medical organization in our State. With this end in view, it has been a close observer of medical matters during the past eleven months. After a thorough canvass of all that has been going on for the last three months and longer, and with a fair knowledge of the means that are still being energetically employed, we feel justified in predicting that the twentieth meeting of the Arkansas Medical Society will be nearly twice, if not more than that, as large as the greatest medical gathering ever held by Arkansas physicians.

It actually seems strange to realize what is being done in several localities. The truth is some of the local societies have about taken the matter out of the hands of the officers of the State society. From certain documents that have come to THE

JOURNAL and from indirect information it has received there is undoubtedly a spirit of rivalry, friendly, of course, we hope, showing itself in several quarters. A condition manifesting such interest was hardly dreamed of ever before in the medical history of Arkansas.

Below the surface indications there is every evidence of a healthy, permanent growth of sentiment in favor of a larger, closer, more progressive and aggressive medical organization in our State. The time of prophesying is gone by as to the next meeting. THE JOURNAL simply states a fact when it says that the approaching meeting will be beyond the expectation of those who have worked hardest and longest for its success.

One thought comes up in closing: One of the most popular men who ever ran for sheriff of Pulaski county and whose nomination was almost assured from the start, always stated during the race to inquiring friends that he was uneasy about the result, not on account of his weakness but his strength. He said he was afraid he would be defeated because so many of his friends, being certain of his nomination any way, might think their presence at the polls unnecessary, neglect to vote and thereby cause defeat on account of mortal security which is man's surest enemy. Apply this logic to the meeting of the State society, and let no man depend on any other man to make up for his delinquency.

The Address of the Phillips County Medical Association.

The Phillips County Medical Association has issued an address to the regular physicians throughout Arkansas that cannot fail to leave an impression upon all who read it. As we understand this address has been mailed to all the regular physicians in the State, we will not comment on it but commend it to the careful consideration of every thoughtful practitioner in the State. We understand other county societies are dis-

tributing addresses and circulars all over the State in general, and in certain localities particularly.

The Sebastian County Society is sending out an address supplementary to that of Phillips County.

Other societies are working energetically in their immediate neighborhoods. The address of the Phillips County Association seems to have had a very stimulating effect. Let the good work go on.

How to Join the State Society.

If some who desire to join the society should be unable to attend, they can send the initiation fee, \$5, with their applications. In counties where there are societies applicants must be members of said societies.

"SECTION 1. The qualifications requisite to be admitted a member of this society, are:

First—Applicant must possess a good moral character and standing in the community in which he resides.

Second—He must produce satisfactory evidence that he was graduated at some recognized medical college or university of good repute with the American Medical Association.

SEC. 2. The name of each applicant must be presented to the society by the committee on credentials, who will report explicitly such evidence of applicant's graduation and other qualifications as it may be possessed of; and if found objectionable on social, moral or professional grounds, his case shall be referred to the Judicial Council, whose action shall be final.

SEC. 3. Every admission to membership must be by ballot, and every applicant receiving three dissenting votes shall be considered as rejected."—[Art. IV. Con.]

—Rev. Sam Jones will be holding a great revival in Little Rock during the meeting of the society. He may be induced to give us a short address.

Notes of the Meeting.

—LITTLE ROCK is the meeting place.

—*Wednesday, May 1,* is the meeting time.

—Eighteen hundred and ninety-two was the last year the society met at Little Rock.

—It is about time for another visit to the State capital and capitol.

—If the local societies will bring the material to the meeting the officers will do all the work.

—If the hotel rates are not low enough consult the legislator from your county. Some of the solons discovered that it cost \$5 a month for board in Little Rock and that \$25 per annum was sufficient for clothing. Of course they did not include washing in this calculation. Some of them never do—wash.

—The muley cow never stays with the rest of the herd in the open, she is always in the bushes by herself. This is because she can't hold her own with the other cattle.

When a doctor stays aloof from medical organization it is generally because he is afraid of the intellectual horns he might have to contend with in a medical society.

—It seems to be a "war of the roses," or, so to speak, of the Shannon apple against the cotton bloom. No, not "against" but "with." It is a race rather than a war, after all, and not a race war either. Some who read this will not understand it. "Write to the chairman of the undersigned committee" and he may be willing to explain—if you live in his part of the State.

—A story is told of a party consisting of twelve Chinamen who visited this country some years ago. They were counted by a custom officer when they left their homes. After they had finished their tour and were ready to embark for their native country they discovered that only eleven of their party were present. None were missed, but every one of the party who in turn made the count arrived at the same result, eleven.

After exceeding great worry an outsider was called upon to take the census of the crowd and he found all twelve of the Mongolians on hand. Then it was discovered that each member of the party in making the count had omitted himself. Remember this little story in getting others to attend the society meeting.

Extra Edition of The Journal.

One thousand extra copies of THE JOURNAL are printed this month for the purpose of placing a copy into the hands of every regular physician in Arkansas. THE JOURNAL has been engaged in a thorough canvass of the State, with the kind assistance of members of the society for several months and has about succeeded in obtaining the name of every reputable practitioner in the State. There may be some omissions however, and if any one who receives a copy of this number knows of any one who has not, if he will drop a postal to THE JOURNAL a copy will be sent at once.

County Societies.

The county societies are too busy at this time agitating the question of delegations to the State society to do much else. It is the first time so many of them have taken the matter earnestly in hand that the results of their local work will be awaited with curiosity, though with no uncertainty.

Encouraging and in some instances enthusiastic reports have been received from all directions.

Miscellany.

Graduating Exercises of the Medical Department of A. I. U.

The sixteenth annual commencement of the medical department of the Arkansas Industrial University was held on the afternoon of April 4, at the Capital Theater. A large crowd of ladies and gentlemen were present, all of whom were very much entertained by the splendid programme provided by the faculty of the institution.

Professor Pro's orchestra, from 2 to 3 o'clock rendered some excellent music, the selections being from such composers as Bellini, Schlepegrell, Turner and Kennedy.

Dr. James A. Dibrell, dean of the faculty, presided during the exercises. After an invocation from Rev. Dr. Patillo, of the First M. E. Church, South, Rev. John Gass, rector of Christ Episcopal Church, delivered the address to the graduates. His speech was a very appropriate one, dealing with the subject life in which the physician is most deeply interested.

At the conclusion of his address, Governor James P. Clarke was introduced, and after giving some wholesome advice to the graduates, he presented diplomas to the following members of the class of 1895:

Louis A. Cook, of Pike County; Harry M. Toner, of Shelby County, Ind.; Hugh E. Cureton, of Conway County; John C. Chenault, of Pulaski County; Arthur H. Sykes, of Ouachita County; Walter E. Bailey, of Pulaski County; William H. Bennett, of Franklin County; Samuel Bonham, of Saline County; Thomas J. Bond, of Cherokee Nation, I. T.; Lott L. Quinn, of Saline County; James L. Sewart, of Johnson County; Carle E. Bentley, of Pulaski County; Charles F. Ulneer, of Erath County, Tex.; John Mills Young, of Pulaski County.

The following prizes were presented to the students named by the dean of the faculty: Prize of \$25 offered by Dr.

Wm. Thompson, of Little Rock, to the student passing the best examination in anatomy; awarded to Mr. Ben Moeur, of Valverede County, Tex., member of the junior class.

A copy of Morris' Anatomy, offered by Dr. Thompson, as a prize to the student passing the second best examination in anatomy; awarded to Mr. Rufus G. Buckner, of Henderson County, North Carolina.

The "Keller Medal," a gold medal offered by Dr. J. M. Keller, of Hot Springs, Ark., to the student passing the best examination; awarded to Dr. Carle E. Bentley, of Pulaski County, Ark. Honorable mention of Dr. Louis A. Cook.

The State Medical Society of Arkansas offers a gold medal to the student passing the best examination in all the branches; awarded to Dr. Harry M. Torner, of Shelby County, Ind.

The Gazette Printing Company offered a prize of one year's subscription to *The Daily Gazette* to the student passing the second best examination in all branches; awarded to Dr. Arthur A. Sykes, of Ouachita County, Ark.

The Isaac Folsom prize, a copy of a work on physiology to the student passing the best examination in physiology; awarded to Mr. Eugene H. Abington, of White County, member of the junior class.

The faculty prize, pocket case of surgical instruments for the best dried anatomical specimen; awarded to Mr. Frank Suggs, of Pulaski County, member of the junior class.

The valedictory was delivered by Professor Frank Vinsonhaler, M. D., after which the benediction was pronounced and the audience dismissed.

The Governor's Veto Message.

To the House of Representatives:

I return herewith, without approval, house bill No. 188, "An act to create county boards of medical examiners and for others purposes and to repeal sections 4968, 4969 and 4970 of Sandels' and Hill's Digest."

The purpose of this bill is to restore the old system of county boards for the examination of applicants for license to practice in this State as physicians and surgeons. The system is substantially as provided by this bill has been tried in this State, and, to the extent that I am informed, proved in practice to be a gigantic failure in confining the right to follow the profession to persons morally and in point of skill and learning qualified to do so properly. The last session of the general assembly, responding to what seemed to be a universal demand by the people at large and the medical profession, abolished examination by county boards and provided for an examination of nongraduates by a State board of examination. This seems to have given very general satisfaction. Sufficient reasons for a change to the old system do not occur to me, nor have I heard any such advanced. The new plan has been in operation for a time too short to develop in practice any serious defects, if it be true that such exist. It is the opinion of myself in common with a large part of the public that the State board system has a tendency to make examinations more independent and impartial, and to make the granting of license depend more upon merit, by freeing such from the local influences of favoritism or prejudice. The matter to be investigated and notified to the public is the fact of the possession by the applicant of sufficient character and learning to take upon himself the responsibilities of a learned profession, which has to deal with the most vital interest of the human family, and not the question of whether or not he and his family connections are popular in the locality of his residence. I cannot believe that it is the desire of any worthy applicant that this should be the case, but I prefer rather to believe that it is the desire of such as have not acquired a knowledge of the fundamental principles of the profession in a college of reputable standing, and to have the benefit before the public of an examination conducted by a board absolutely impartial and independent of personal or local considerations, and one whose membership is of such a character as to bear testimony that the successful applicant is qualified to the degree the public have a right to expect.

There was probably a time when a somewhat less stringent system of preliminary examination was tolerated in the interest of supplying remote localities with medical men even partially qualified. But this time has long since passed in Arkansas. The means of acquiring the necessary learning, supposing the native ability to exist, are now so plentifully to hand and at an expense fairly within the reach of any who choose to make the proper efforts, that it is discreditable to the pride of any candidate for the honors of the medical profession to find him opposing any examination that a fair and intelligent board should subject him to.

That our State board is of such a character I am fully persuaded to believe; but if it should at any time develop that such is not the case, I believe that a remedy will be readily supplied by any successor of mine, as I know it will be during my term of office.

Because I believe the present law contributes to a greater degree than will the bill I herewith return to elevate the standard of character and learning among the recruits to the ranks of the medical fraternity, and more largely confine the exercise of this important privilege to worthier persons at home, and will prevent an influx from other localities of a large number of persons who are prevented from imposing themselves upon the public there by laws similar to that which now stand upon our statute books, I am constrained to withhold my approval.

I am not unmindful of the fact that in nearly every county in the State there are to be found gentlemen who are qualified to render good service as examiners, but I am not advised that they desire an opportunity to take upon themselves this service, nor is it altogether probable that the county judges will not consider these appointment places to be awarded by those to whom their obligations, political or otherwise, are greatest.

Very respectfully,

JAMES P. CLARKE,

Governor.

"Castanea."

Under the heading of "A True Story" the *Medical Record*, N. Y. publishes the following:

"A correspondent sends the following, for the truth of which he vouches: A young man who began his practice in Texas, west of Houston, was called to a confinement case in which he, being green and nervous, naturally had some trouble, the patient seeming unable to make the supreme effort for final expulsion. The only other occupant of the wretched quarters was an old crone in a sun-bonnet who was silently but steadily rocking herself near the foot of the bed. Finally the old woman croaked out, "Doc, I wouldn't bother any longer with that woman, I believe I'd quill her and have done with it." The medical man not knowing what "quilling" meant answered that he did not quite see the necessity for that yet. The old woman repeated this suggestion several times until finally the nervous, exasperated man turned angrily on her and said, "Madam, I'll be d— if I will do it. If you want to quill her you can do so, but I won't." The crone took from the wall a turkey-wing and drawing a feather from it proceeded to fashion something like a long quill toothpick and, filling this with snuff from her own private stock leaned over the patient and as the next pain came blew the snuff into the woman's nostrils. Quick as a flash the woman responded with a giant sneeze and the child was born with the sneeze. "Thar," said the old woman, radiantly, "I knowed mighty well that thar bust would make her break her holt." And it did, to the great instruction of the attending physician."

The *older* members of the Arkansas Medical Society may remember that this story was related at a meeting had many years ago. The anecdote was told by a member who is accused by his best friends of never telling a *new* story until it is of sufficient age to take its proper place in ancient history.

The scene was then laid in Virginia in Colonial Times. When the story is told in California the scene is placed in Massachusetts. They tell it in Texas as having actually taken place in Maine. The New York "*quill drivers*" should keep up with ancient history.

The Late Dr. Alfred L. Loomis.

Dr. Alfred L. Loomis, who died of pneumonia at his home in New York City on the 23d of January, was one of the most prominent physicians in this country. His name would hardly have been omitted from a list of the dozen foremost medical men of New York even a score of years ago, and since then his fame had been steadily if not rapidly progressive. As he was only sixty-three at the time of his death, it is evident that he attained success relatively early, yet his reputation did not rest on any sudden achievement. It was a matter of toilsome growth that no doubt seemed slow enough at first to the toiler. Indeed, of the metropolitan physicians who have attained first rank, Dr. Loomis has usually been referred to as one whose early struggles were of the hardest. But how large a measure of tangible success he achieved in the end is illustrated in a jesting remark once made by him, to the effect that he had spent half of his professional life struggling to secure patients, and the other half struggling quite as hard to keep them away.

It should be added, however, that the patients Dr. Loomis tried to keep away later in life were not those whose confidence had paved his way to success in the beginning. On the contrary, it is told of him that to the very last, when wealthy clients more than he could attend were eagerly bidding for his services, he would still at times drive down into the tenement region to minister to one of his old-time patients, accepting in return with gravity—to preserve the patient's self-respect—a mere pittance, in lieu of the princely fees that might have been

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Medical Society Papers.

Annual Address of the President.

BY A. C. JORDAN, M. D., PINE BLUFF, ARK.

[Delivered at the Twentieth Annual Session of the Arkansas Medical Society.]

Gentlemen and Fellows of the Arkansas Medical Society:

While deliberating on the choice of an appropriate subject for this address, required at my hands by virtue of the office which you, in a spirit of generosity, have seen fit to honor me with, and a duty imposed upon me as your presiding officer by the organic law of this society, there was a great temptation for me to devote this occasion to a retrospect of the life of our organization. It seemed an opportune time for such a retrospection, being the close of the second decade of our existence, and standing as we now do upon the threshold of the twentieth century, and, as I trust, at the beginning of a new era of prosperity and wonderful growth in scientific and organized medicine. But as some of my predecessors have already treated you to reminiscences of the past, recalling the memories, the associations and ties of brotherhood that cluster around our or-

ganization and that have gilded the horizon of professional brotherhood, ever cheering and brightening our course, and which have lived on amid the sunshine of peace born of fraternal love and amid the storms of criticism and the broken shrines of ambition that at one time threatened our very existence.

With the past secure, the present and future will claim our attention.

In considering medicine as an organization and the elements upon which depend the ultimate success of such an organization, we are impressed with the analogy to those fundamental principles which give support and symmetry, prosperity and perpetuity to the governments and institutions of republics. It has often been said, but can never be repeated too often nor appreciated too highly, that "intelligence and virtue are the foundations and essential conditions of free government." Underneath all the forms and manifestations of our national life are found these vital and energizing principles.

The purity and wisdom of statesmen, the virtue, intelligence and patriotism of the masses, together with national development and financial success, form the broad and enduring basis upon which is reared, in matchless splendor and transcendent beauty and grandeur, the magnificent edifice of free government. Liberty, controlled by ignorance, is a Barmecide's feast, but liberty, supported and guided by intelligence and true patriotism, renders all the possibilities of human nature attainable.

Deprive a nation of the guidance of an educated and patriotic statesmanship; take away the integrity and love of country which should characterize and animate the great body of freemen; paralyze or weaken either of these columns of support, and the stability and symmetry of the whole structure is destroyed. Overthrow the forces that bind together the varied interests of our republic, and that protect it against disintegration and death, and you sound the death knell to our country's liberties and the prosperity of her free institutions.

So in our profession, the greatest possibilities and the highest achievements of which medicine is capable demand that these separate but allied forces should be held in active and harmonious coöperation.

Universities and institutions of the highest order, teachers and authors of profound learning and exalted scholarship must join hands with native capacity, moral purity, social elevation and scientific attainments in the rank and file of our professional forces.

Thus united and mutually dependent, we present to the world a structure that will withstand the malevolence of our enemies, and, harder still, the misconstruction of our friends; and though quackery and empiricism flourish for a time, and though the vain and puny efforts of homeopathy and its kindred delusions to direct the stream of science from its accustomed channels, or to stem the onward current of its perennial springs, true science rears its column high above the small and creeping things that crawl about its base, increasing in strength with the growth of years, adding to its grandeur and beauty with every advance made in the broad domain of scientific research by her trusty sons whose names lend dignity to the profession, and who, by earnest and arduous labor, give assurance to the world that the accumulated wisdom of the past will be augmented by their work; standing steadfast and unchangeable amid the fierce criticisms and wanton misrepresentations of her foes.

Thus united in the bonds of a true brotherhood, not as rivals and professional antagonists, but as colaborgers and fellow soldiers in the grand army of science and humanity, whose highest aim is the alleviation of the ills and sorrows of mankind. United in a common brotherhood, animated by high and noble purposes, our voice would shape the law of nations in all matters pertaining to the public health and the prevention of disease.

The State Medical Society, fully alive to the best interests of the medical profession and the welfare of the people, should

be capable of exercising a marked influence upon medical legislation in the State, and though we have been repulsed on every hand and our entreaties have been heard in vain, and for years the ear of legislative incredulity has been closed to our appeals, still let us not give up the fight, but with renewed vigor and unselfishness of purpose, with well directed energies and persistent efforts, we shall so mould public sentiment as to make our influence felt upon State legislation.

To this end we should strive to broaden the influence of the society and increase its capacity for usefulness by increasing its membership. As the membership increases it is but fair to assume that its influence will be increased in a corresponding ratio, and while it is desirable to add to our number and to have the name of every eligible physician in the State upon our roster, still the acquisition of members should never be encouraged to the prejudices of the strictest construction of our recognized code of ethics, or to the compromising of the dignity, honor and harmonious well being of our society. Let our ranks be reinforced by those true and worthy brothers in the profession, whose every act is prompted by high and laudable motives, and whose constant aim is the elevation of their professional standard, ever "walking worthy of the vocation whereunto they are called." We should not lose sight of the fact that the standard of excellence of our society is determined by its individual membership, and the higher we raise that standard the more lasting its existence and the greater its influence for good.

According to the latest and most reliable computation the number of physicians practicing in the State in 1893 was about 1,600; of this number less than 50 per cent are graduates in medicine, and not more than 20 per cent are members of the State society. What an inviting field is here presented for earnest and systematic work in behalf of organized medicine.

MEDICAL EDUCATION.

It should be a source of gratification and pardonable pride to the profession at large to note the great advancement and

marked changes that have been made in medical education within the last decade all over the country. And the end is not yet, for the movement inaugurated by the University of Pennsylvania, the College of Physicians and Surgeons, New York, and the Chicago Medical College, only a few years ago, continues to grow in popularity, as will be shown by the following figures taken from the report of the State Board of Health of Illinois, in 1891: At the time this report was made there were 148 medical schools of all kinds in the United States and Canada. Of this number 129 require certain educational qualifications for matriculation. In 1882 the number requiring such qualifications was only forty-five.

The number of schools requiring attendance upon three or more courses of lectures was in 1882 only twenty-two. In 1891 the number had increased to eighty-five, and within the last three years others have been added to the list. There has been also a gradual increase in the duration of the lecture terms, from an average of 23.5 weeks in 1882-83 to 26.3 weeks in 1890-91. There are now 111 colleges that have terms of six months or more, while in 1882 they only numbered forty-two. The number of colleges which graduated students at the end of the second course of lectures in 1883 was 10 per cent of the whole number of schools in the country. During the last three years the number of colleges requiring an additional year or so of study has grown considerably. This movement on the part of our leading medical schools is receiving the indorsement of a number of States, in the passage of statutory laws prohibiting physicians from practicing within their limits who have not attended three regular courses of lectures, and other States with laws requiring an examination of all persons desiring to practice medicine in their jurisdiction. And while many of these examining boards are not above criticism, and many fall short of the purposes for which they were created, still much and lasting good has crowned their labors, and in many States the whole complexion of the medical profession has been changed through the refining influence of these bodies. The figures indicate a

rapid and very decided advance in the history of medical education, and must ultimately result in the control of medical education, and the regulation of medical practice in nearly all the States and Territories.

It should be a source of special congratulation to the profession of Arkansas that our own medical school, the Medical Department of the State University, has fallen in line with the other progressive schools of the country and adopted the three-year graded course of study, and I sincerely trust that the day is not far distant when the management of this institution can see the way clear to a still further lengthening of the course of study, with a carefully graded curriculum and the adoption of still more stringent educational qualifications for its matriculates, and while such a policy will necessarily be accompanied by greatly increased labors on the part of the faculty, with smaller remuneration owing to reduced numbers of matriculates, and to augmented expenditures, yet they will be more than repaid, in the consciousness of having done so much toward elevating the standard of scientific medicine, and toward strengthening and purifying our State and county organizations, and protecting the health and lives of the people.

This service rendered will be as seed sown on fertile soil, and finding lodgment there, will in the years to come produce an abundant fruit, and the people of Arkansas will rise up and call you blessed.

It is a source of disappointment and deep chagrin to every true and loyal member of this society to again note the refusal of our late legislature to use their influence to secure the enactment and efficient administration of such legislation as would redound to the best interests of true and scientific medicine, and in accord with the recommendation of this society. Not only have our entreaties been ignored, and our requests been refused, but the profession has been humiliated and defeat once more been written upon our banners.

After years of persistent efforts on the part of this society, the law providing for the appointment of the county ex-

amining boards was repealed. These boards appointed by the county courts, in many instances without regard to qualification or professional standing, had, through their manifest ignorance and gross irregularities in office, become objects of ridicule and derision in the eyes of the laity, and a stench in the nostrils of the profession. Such being the case, we can but feel the great mortification of again having such a law imposed upon us.

It is a step backward that may require years to reclaim, and but emphasizes the necessity of more thorough organization and renewed diligence in creating that public sentiment which will elect those to office who favor such laws as will afford the best protection for the people.

The position taken by the majority of the legislators was manifestly influenced by a lack of appreciation of the needs of judicious legislation for the protection of the people, or a misconception of the true designs of our profession, as was evidenced by the recent debate on this subject.

The public must be protected from the quack and medical imposter, and medicine must be elevated through the instrumentality of an educated and honorable body of medical men.

The thanks of this society are due Governor Clarke for his coöperation in the attempt to prevent this bill from becoming a law. In his message, accompanying his veto, he very correctly sums up the whole matter in these words: "There was probably a time when a somewhat less stringent system of preliminary examination was tolerated in the interest of supplying remote localities with medical men even partially qualified, but this time has long since passed in Arkansas. The means of acquiring the necessary learning, supposing the native ability to exist, are now so plentifully at hand, and at an expense fairly within the reach of any who choose to make the proper efforts, that it is discreditable to the pride of any candidate for the honors of the medical profession to find him opposing any examination that a fair and intelligent board should subject him to."

Such an expression, emanating from the chief executive of the State, should meet with a hearty "amen" from the profession, and exert a powerful influence in shaping public opinion. Although the present law is in the main objectionable, it is better than the old law, in that it makes the appointment of at least two graduates in the board obligatory, and I feel that much can yet be done towards mitigating the evils of such a law, and towards determining the personnel of these bodies by members of this society. Let each and every member of this organization use his best endeavors towards influencing the county court, in his respective county, in the appointment of intelligent and progressive physicians as medical examiners.

A CHANGE IN THE CONSTITUTION.

It becomes necessary in the lives of all representative governments to alter or amend their organic law to meet the demands of ever changing circumstances and to keep in harmonious equipoise the fundamental elements that constitute the great bulwark of such institutions. At our last meeting a report from a special committee, appointed the year before, was submitted to the society, recommending a change in the entire constitution, which report was necessarily laid over till this meeting. The proposed change in our organic law will, therefore, come up for final action at this session, and you will be called upon to determine whether it is desirable to make any change in the existing constitution, or, if the report of the committee and the recommendations made by said committee meet with your unqualified approbation. I trust that this matter will be carefully, conscientiously and harmoniously considered, receiving at your hands a fair and unbiased expression of your individual views and wishes, and that there will be nothing occurring in this body during the discussion of this subject that would be derogatory to the dignity and fraternal feeling that should characterize the proceedings of an assembly of cultured and refined physicians, having at heart the best interests of the profession to which they belong.

THE JOURNAL OF THE SOCIETY.

The society is to be congratulated upon the success of the JOURNAL under the present very able and efficient management. And though its monthly visitations have been interrupted by circumstances beyond the control of the editor or the Board of Trustees, thus robbing the society of the fruits of several months of earnest and conservative work in behalf of scientific medicine and the upbuilding of our organization. But now, with these difficulties removed, there can no longer be any doubt as to the ultimate success of the JOURNAL. Then with success assured, under the guidance of its efficient and worthy editor, and the hearty coöperation and assistance of the membership of the society, its scope of usefulness can still further be enlarged and it be made a power for good in our ranks. It is the duty of every member of this society to give to this enterprise his unqualified support and substantial encouragement, making it the true and inspiring mouth-piece of our State organization.

QUARANTINE REGULATIONS.

I need not call your attention at length to the great necessity of State legislation looking to the establishment and maintenance of a State Board of Health and an additional provision for county and municipal boards. The recent invasion of our State by a deadly pestilence that threatened the lives and prosperity of her citizens, and that brought consternation and loss to her commercial interests, but reëmphasizes the great and urgent necessity of such legislation. When we recall the terrible loss of life, and the disastrous effects on the business interests of our country, the result of the former invasions of the deadly pestilence "that walketh in darkness nor wasteth at noonday," "when the ble'd seals that close the pestilence were broke" and death held high carnival in many of our devoted homes, it seems we should need no further argument to convince the most skeptical of the value and necessity of quarantine regulations and of efficient medical inspection and protection.

The preservation of the health and lives of the people should be paramount to every other consideration. "*Salus*

Santas Que Republica Suprema Lex' should be the shibboleth of every government having an interest in the welfare of its subjects, and we as conservators of the public health should ever insist upon a more perfect recognition of the lofty functions of preventative medicine. Is it not strange that our lawmakers should hesitate to vouchsafe this petition to the people they represent? They are not slow in appreciating the importance of sustaining public schools and charitable institutions, but fail to realize the far greater necessity of protecting the human family from disease and death. Has this subject received that attention at their hands that its importance demands, or has it been dragged into obscurity by the wild rantings of the mole-eyed demagogue, or the misstatements of designing politicians?

This, with many other important questions, can be solved only by the earnest and united work on the part of the medical profession; and nothing but organization and hearty coöperation will secure the continuous and forcible attentions which the magnitude of the subject demands.

In conclusion, I wish to again thank you for the honor you have conferred upon me in electing me to preside over the twentieth meeting of the Arkansas Medical Society; and though I keenly feel my incompetence and unworthiness, still I hope that you will bear with my shortcomings and extend to me the same uniform kindness that you have ever shown to my predecessors. Losing sight of self and individual preferences, let us cultivate here a stronger and higher feeling of professional brotherhood, and a deeper faith in our profession and its noble destiny, ever keeping in mind the loftiest ideals of service to science and mankind. And though the deeds done our fellow man may never be recorded in history or song, or no marble shaft or granite cenotaph be erected to commemorate our labors, yet the works of God—the works of man for man, reflecting the very image and attributes of his Maker, need no such memorials—they are indestructible, immortal like the Creator himself.

Surgical and Pathological Memoranda.

BY J. A. DIBRELL, JR., M. D., LITTLE ROCK.

[Read in the Section on Surgery at the Nineteenth Annual Session of the Arkansas Medical Society.]

(Continued from April Number.)

I have been induced to report the following cases of appendicitis at the request of several of my friends. Two of the four cases terminated in death, and the others in recovery.

These cases are full of an interest that does not flag, nor will it until there is reached something like unanimity of opinion as to the best method of dealing with so formidable and dangerous a disease and more perfect methods of diagnosis have been devised.

CASE I.

Mr. G., white, age about 30 years, a member of a minstrel troupe, was taken sick at Pine Bluff the 20th of October, 189-. He came to this city, and was seen shortly afterwards by Dr. J. H. Lenow, who diagnosed the case as one of appendicitis, and advised an operation. His dangerous condition was fully explained to him, as well as the hopefulness of an immediate operation. But he positively declined surgical interference.

The morning of October 25, five days later, I saw the case in consultation. His condition was critical—abdomen distended, and painful, pulse thready, and constant nausea, and vomiting, which had now become stercoraceous. He expressed his willingness for an operation, but which *we* were now almost ready to decline, owing to his apparent hopeless condition.

I will take occasion to say I have never refused to operate in any case where there was the remotest possibility of saving life, if certain death was the price of non-interference.

The patient was sent to the Little Rock Infirmary at once, and the operation made, Dr. Lenow and other professional friends being present. On opening the abdomen there was found to be general septic peritonitis, visceral and parietal; gangrene of much of the intestines, small and large, a perfor-

ated appendix and faecal abscess. In less technical language, but fully descriptive, everything in view seemed to be *rotten*.

The appendix was removed, the abdominal cavity freely irrigated with sterilized hot water (temp., 104°), and drainage tubes placed.

The already moribund patient did not rally, but died the same night at 11:15 o'clock, having survived the operation nine hours.

CASE II.

November 30 and December 1, I visited Mrs. B., in consultation with Dr. Wm. Thompson. She was a large, fleshy white woman, aged 47 years, and the mother of several children.

Dr. Thompson's first visit was on the 27th of November, and she had then been ill several days.

At the time of my first visit the patient's condition was improved, and the next day decidedly so. The idea of an operation was abandoned.

There was much less pain, fever, tympanitis, and tumefaction in the right iliac region. In fact the patient was comfortable after days of suffering.

December 4 I saw her again with Dr. Thompson. Her symptoms had become alarmingly worse, and it was quite evident that if anything was to be done for her relief it must be done quickly. She was at once taken to the Little Rock Infirmary, and the operation made. Great was the disappointment to see the progress the disease had made. The viscera was in much the same condition as that in the case just mentioned, only it was not quite so bad. The technique was the same as in the previous case, and the termination the same, yet she seemed to be doing fairly well during the first twenty-four hours, but the peritonitis became intensified, vomiting incessant and death came to her relief December 7, three days after the operation.

CASE III.

Allen, a bright and intelligent lad of 11 years, I saw at Pine Bluff, Ark., January 9, 1894, in consultation with Drs. Jordan, Goree, Pendleton, Runyan and Orto.

Dr. Orto was in charge of the case, and to whom I am indebted for the clinical history, which will be here incorporated.

The case was one of appendicitis, and the diagnosis was early made. Allen had always been a healthy child, though lightly built and inclined to be delicate. He had complained occasionally for a year of colicky pains in his bowels.

On the night of January 6, he was taken with pains of the same character, but made no complaint until the morning of the 7th. But he got up, dressed as usual and came to the breakfast table, but he could not eat. The pain was not severe.

Dr. Orto administered a dose of castor oil, and about noon a saline cathartic, which was immediately rejected. The oil was again given and was retained.

He slept for two or three hours after this.

At 5 p. m., the pains continuing, the doctor had him undressed and put to bed, and a careful examination was made. His abdomen was tender, but most markedly so, in the right iliac region, and this early, in the first day of the attack, appendicitis was suspected. Still there being no movement of the bowels, four grains of calomel were given the patient. He slept fairly well to early morning January 8. Up to this hour there had been no elevation of temperature. The calomel now began to act and seemed to afford some relief.

At 9 a. m. there was slight fever. At 12 m., $99\frac{1}{2}^{\circ}$; 3 p. m., $100\frac{1}{2}^{\circ}$; 5 p. m., $101\frac{1}{2}^{\circ}$, and pulse 99; 9 p. m., $102\frac{1}{2}^{\circ}$, and pulse 132. He was now given saline cathartics which acted freely during the night, and about midnight the fever began to decline.

At 6 a. m. the 9th, temperature was $99\frac{1}{2}^{\circ}$, pulse 96; 12 m., $99\frac{1}{2}^{\circ}$, pulse 96; 2 p. m., $99\frac{1}{2}^{\circ}$, pulse 96.

It was about this hour when I saw the patient. There was a concert of opinion among the medical gentlemen mentioned that it was a case of appendicitis, and after a most careful consideration of the case in every detail, we decided to operate at once, and through courtesy, I think, I was requested to make it.

An incision was made 4 inches in length along the outer border of the right rectus muscle, and the abdomen opened.

The intestines having been well emptied there was but little protrusion or distension. Introducing my finger into the wound, it engaged in a loop, formed by the adhesion of the free end of the appendix to the ileum. At the same moment there was an escape of gas and thin pus having a faecal odor.

The condition of the parts I will attempt to describe: The small intestines and the cæcum were very much congested, with abundant recent lymph deposits between the intestinal coils. Between what appeared to be a natural loop of the ileum, shaped like a large link in a chain, or a capital letter U, but firmly adhered toward the mesenteric attachment, lay the appendix perforated; its free extremity partly gangrenous, and had contained a concretion about the shape of a small bean, which had escaped through a perforation. Over this lay a portion of the omentum, also gangrenous and adherent to the bowel, forming a sort of cavity containing the appendix, surrounded with pus, which was liberated when the finger was first introduced. Thus was nature beginning to fortify and defend itself for the coming ordeal by walling in the forming abscess with adjacent structures.

The appendix was ligated with silk, cut off and the stump rubbed with a sublimate tablet, as recommended by Wyeth.

The gangrenous portion of the omentum was also tied off and removed.

We were now confronted with a new difficulty. The place of contact of the appendix with bowel, which was covered over by the omentum, as mentioned above, the bowel on each side of the loop (or more correctly between the two portions of it), its integrity was so far impaired by inflammation that it would give way on slight pressure or burst when distended with gas. To resect seemed imperative.

Inquiring of Dr. Goree, the anæsthetizer, in regard to the patient's condition, he replied that it was very critical and that it was desirable to finish the operation as speedily as possible.

It occurred to me that I might, with a few stitches placed above the diseased area, from one part of the "link," I will say, across to the other, close in this surface; and that if a rupture occurred on either side, it would be from one portion of the bowel into the other. So with this end in view, a few Lembert sutures of fine silk were passed over from side to side, with as much dispatch as possible.

The peritoneal cavity was well irrigated with hot sterilized water and the wound closed with silk worm gut sutures, which I now use almost exclusively in closing wounds of the abdomen. Two rubber tubes and a drain of iodoform gauze were left in for drainage and subsequent irrigation. Shock was considerable.

All will agree with me, I think, that this was a bad case, and yet it was not more than three days since the initial symptoms.

The following concluding notes from Dr. Orto's record will conclusively show that but for the prompt and intelligent work of the lad's physicians, he would most assuredly have died during the next twelve hours. The patient seemed to have recovered from shock until 11 p. m., when his pulse began to grow rapid and weak, and so continued, notwithstanding he was given, hypodermically, nitroglycerine and strychnine. At 10 o'clock a. m. the 10th he showed marked signs of collapse. His pulse was so rapid that it could not be counted; surface becoming cool; arms to the elbow and feet cold; finger tips purple and shrunken, and slight delirium. All of this time his extremities had been wrapped in warm clothes, and he was surrounded with bottles of hot water. Strychnine 1-60 gr., nitro-glycerine 1-100 gr., and atropia 1-200 gr., had been given at intervals, without effect. He also had whiskey and beef tea by the rectum.

His condition seemed now about hopeless. The dose of nitroglycerine was doubled, and repeated at short intervals, until the arterial tension improved, and the surface became warm. At 6 o'clock 10th his temperature was 99°, pulse 117.

He now improved steadily until the 14th of January, when he again had fever, due to a stitch abscess. On the third day after the operation the gauze drain was removed, the two rubber tubes allowed to remain.

The wound was irrigated at first once a day, but after the trouble began with the stitch abscess, every six hours until the wound was closed, on the fourteenth day. Four weeks later a knot from one of the ligatures came out.

This fine little boy is now well and strong, and his recovery from so desperate a condition is a source of much gratification and thankfulness to all concerned in its management.

CASE IV.

Late in the afternoon of February 11, 1894, I was called in consultation with Dr. E. Meek, of North Little Rock, to see Mrs. K., white, aged 22, the mother of one child. I gained this history from Dr. Meek: The patient one week before had been attacked with severe griping pains in her bowels during her menstrual molimen, and as she often had pain during menstruation she attributed her present trouble to the same cause. This time her menses had stopped abruptly, but were reëstablished by the use of hot sitz-baths, but the pains in her bowels continued.

Dr. Meek first saw the patient February 8. She had been getting up and down all the previous night, having thin, watery stools. There was no fever; on the contrary, her extremities were cold, her features pinched, pulse rapid.

On the 9th the patient was still suffering with her bowels. Calomel, which had been administered along with other remedies, had not acted. There was now slight fever, nausea and vomiting, which continued to grow worse during the day.

On the 11th, symptoms the same, only more intensified.

When I saw the case I concurred in the diagnosis of appendicitis. The treatment had been proper and judicious. I advised an operation. The patient's sanitary surroundings were bad, and she herself untidy. She was removed the same night

to the Little Rock Infirmary, and the operation made the next morning at 9 o'clock, February 11. An incision $4\frac{1}{2}$ inches in length near the outer border of the right rectus muscle. So soon as the abdomen was opened, the enormously distended and congested small intestines rushed through the wound. There was abundant lymph deposits between them. This complication caused much delay in securing the appendix. Finding it impossible to retain the bowels, which entirely filled the wound, and finish the work, they were allowed to escape, being well protected. The appendix was then found, and treated in the same manner as was done in the preceding case. Rubber tubes and a drain of gauze were also used. The free extremity of the appendix was gangrenous, contained a concretion, and there was a linear series of pinhole perforations near the attachment of the meso-appendix, which allowed the escape of gas, though not large enough to admit of the escape of the concretion or faecal matter.

The patient recovered perfectly, but her convalescence was retarded by a stitch abscess. This case and the preceding one are the only instances in which I have had stitch abscesses as complications following an abdominal section. I suppose they may be accounted for in the fact that in septic wounds, and drainage of septic cavities, it is hardly possible to prevent stitch wounds becoming more or less infected.

I know of no cases in surgery that so uniformly perplex and worry the surgeon; that are so replete with uncertainty as to the exact condition of the parts involved; the proper thing to do and when to do it, as in appendicitis. With all the light that has been thrown upon the subject during the past decade, our methods of diagnosis are far from satisfactory in this particular. There is no surgeon, however great his experience and surgical acumen, who can say with certainty: "Now, you have reached a stage in the disease where further delay will result in the death of the patient, and an earlier operation would have been unjustifiable."

There are cases of this disease that go on slowly, steadily and surely to a fatal termination, with no symptoms to suggest their gravity. A small concretion, exciting local irritation, inflammation, ulceration, then, perforation, septic peritonitis, and death. There may be a slight uneasiness in the abdomen of which the victim does not complain, or perhaps a colicky pain now and then. But where is the diagnostician who can tell, that only the thin peritoneal coat of the bowel is between the patient and eternity!

I have seen such cases and I have no doubt but they are familiar to others.

When perforation occurs, and there are no adhesions to prevent the diffusion of the intestinal contents throughout the peritoneal cavity, unless detected at once, and prompt, yes, immediate operation be made, there is but little hope for the patient; otherwise, a peritonitis is set up that with the rapidity and destructiveness of a conflagration that imperils life, is quickly beyond the reach of remedies medical or surgical. One not familiar with these cases, is, when once seen, astounded at the rapidity of this destructive action.

This troublesome, useless, rudimentary process is a constant menace to human life. Dr. McBurney, in a large number of autopsies, found that one-third of the subjects had had trouble with the appendix vermiciformis at some period during life. Very many of these cases perhaps were not severe enough to require the services of a physician. Fully 50 per cent of cases of appendicitis are said to terminate in resolution. The other half either die or are relieved by the surgeon. Fifty per cent is a very large death rate. I have among my constituents two brothers who have had five attacks of this disease—two in one and three in the other. The longest time of confinement in any attack was one week.

What to do, and when to do it, is the all absorbing question. The answer is the more difficult because of the wide divergence of opinion in the views of those having the largest experience and therefore competent to speak with authority.

There are those who would operate only as a *dernier resort*. On the other hand those who would operate early in all well established cases. In a paper I saw some three years ago, Dr. McBurney had operated twenty-four times successfully in consecutive cases, where irreparable damage had not been done; but he lost every case in which was present septic peritonitis and septic paresis. These cases die, no matter what is done, and always will die, in my opinion, when advanced so far.

I have not kept up with the reports of Dr. Murphy, of Chicago. Being on a large scale, I feel confident that they will clearly show the value of early operative measures.

My own experience is of course very limited and should not be weighed with those of larger opportunities. But I have seen so many valuable lives lost through procrastination and it seems to me needless delay, that I am almost ready to commit myself by saying that I would offer an operation in every well established case, having seen no accident, but, on the contrary, success, when made early in the disease. An exploratory operation possesses little danger, if properly done. I would go further, if the incision was made, remove the appendix, whether diseased or not, for if not diseased, the chances are good of its ultimately becoming so. I think it would not be a bad idea to remove it in all laparotomies if it be easily accessible or come into view.

Child Life Insurance.

The Massachusetts legislature is just now the battle ground in regard to this subject, and the philanthropic or "reform party" has carried on the fight with varying success. The last reported stage was defeat, as is shown by the following item taken from *The Independent* for May 9: "The bill to abolish child life insurance in Massachusetts, which recently passed the State senate, was defeated in the lower branch of the legislature on April 30, receiving only 23 votes in its favor against 148 cast by the opposition. The interest in this bill has been very great, and the societies and individuals who have been at the bottom of the attempt at legislation on the subject are considerably chagrined at their defeat."—*Journal, A. M. A.*

THE
JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY.

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The Journal disclaims all responsibility for the views expressed by contributors and correspondents.

Address the Editor, L. P. Gibson, M. D., 111 East Fifth street, Little Rock, Ark.

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VOLUME V.

MAY, 1895.

NUMBER 8.

Editorial.

The Twentieth Annual Session of the Arkansas Medical Society.

While for several months past the JOURNAL was predicting that the largest and best medical meeting ever held in our State would be the twentieth annual session of our State society, doubtless many who read it had slight suspicion that these

prophecies were on the order of the political forecasts frequently published by secular papers on the eve of elections, for the purpose of "boosting" party interests.

Every word that appeared in the JOURNAL was based on a careful survey of the field and an intimate knowledge of the work that was being done all over the State. How far the predictions of the JOURNAL were verified can best be seen by a careful reading of the minutes of the session, and particularly the report of the committee on credentials, which contains a list of those in attendance.

Forty-five delegates were present, representing nineteen county societies; forty-three permanent members registered from nineteen counties, and there were twenty-seven new members admitted from twenty-one counties, making a total of one hundred and thirteen in attendance from thirty-six counties. Members were admitted from five counties that have not heretofore had a representative in the State society.

Forty-one papers were on the programmes of the several sections and thirty-three were disposed of.

The morning hours were consumed in transacting the business of the society. Every hour was consumed without rushing any measure through, and there was no lagging of interest at any time, either in the business sessions or section work.

Notwithstanding the several counter-attractions in the city during the meeting, there was a full attendance at every session.

It was conceded by every one familiar with the history of medical organizations in our State that it was the *best* medical meeting ever held in Arkansas.

The new constitution was adopted with some slight alterations.

Not the least encouraging result of the meeting was the often-heard opinion that it was the beginning of a new era in medical organization in Arkansas.

Nearly every one expressed a determination to work harder this year than ever before.

Altogether, the outlook is more favorable than ever before, and the result of the coming year's work will be watched with interest until we meet again in 1896, at the beautiful, progressive and hospitable city of Fort Smith.

A Correction.

In the March number of the JOURNAL there appeared an editorial paragraph relating to the origin of smallpox at Hot Springs, which Mr. D. D. Dennis claimed unjustly reflected on him. The article was written in a spirit of levity, and it was far from the intention of the JOURNAL to injure any one.

The JOURNAL takes this occasion to apologize for any wrong it may unintentionally have done Mr. Dennis, and sincerely regrets the appearance of the article referred to.

The Remission of Dues of Delinquents.

In order to take a fresh start, so to speak, the society has remitted the dues of all those in arrears on the prompt payment of the dues for 1894, five dollars.

This is certainly very generous on the part of the society and those who have paid their assessments promptly, thus carrying on the great work of medical organization in Arkansas.

The new constitution fixes the initiation fee at *five* dollars and the annual dues *three* dollars.

Now is a favorable time for all those who are in arrears to pay up and go on with the progressive physicians of the State.

It gives to every member of the society an opportunity to show the faith that is in him. It is decidedly unjust for a few to pay the expenses of a society that is beneficial to all; and the sooner the line is definitely drawn and the drones become known, the better it will be for everybody.

The JOURNAL hopes every one in arrears will take advantage of the liberal offer to get straight again.

One thing is very certain, and that is, under the new constitution there will be no opportunity for some members to pay once in three or four years and get as much credit for it as those who do their whole duty every year.

The JOURNAL has heretofore pointed out the method of withdrawing from the society. By paying all dues and resigning.

The JOURNAL repeats that it hopes not one will fail to come into our organization again. But if there are some who prefer to remain outside, we hope they will have the honor to pay their dues and resign at once.

We have not examined the treasurer's books and are not posted as to who are behind in the payment of their dues. We hope that when the list of members is revised for publication, which will be done shortly, it will not require any stars to designate those who have been "dropped for nonpayment of dues."

Treatment of Anthrax.

A. F. Matveieff (*Khirurgitcheskaia Letopis*, December, 1894, page 951), reports twenty-nine cases of anthrax admitted to the Riazan Zemsky Hospital during 1890-94. Of this number, twenty-four were treated by Jarnvosky's method—that is, by subcutaneous injections around the pustule of a two or three per cent carbolic acid solution, three syringefuls (Pravaz) three times daily, with compresses soaked in the same solution. Seventeen of the patients recovered; seven died. All the fatal cases were first seen after all symptoms of profound systemic poisoning had already developed, some of the patients being brought to the hospital moribund. The remaining five were treated by excision of the pustule, with subsequent cauterization with Paquelin's instrument. All of them recovered.—*British Medical Journal*, February 9, 1895.

The Arkansas Medical Society.

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Secretary, Bentonville.

The Place of Meeting—Fort Smith, Ark.

Minutes of the Twentieth Annual Session of the Arkansas Medical Society.

[Held at Little Rock, Wednesday, May 1, Thursday, May 2, and Friday, May 3, 1895.]

FIRST DAY.

SENATE CHAMBER, May 1, 1895.

The Arkansas Medical Society was called to order at 11 o'clock by the president, Dr. A. C. Jordan.

Prayer was offered by Rev. John Gass.

Hon. J. A. Woodson, mayor of Little Rock, delivered the following

ADDRESS OF WELCOME.

Mr. President and Members of the Arkansas Medical Society:

In the good old days of the volunteer fire department, when the best men "ran with the machine"—not the political machine—our old friend, your friend, everybody's friend; the the whole-souled, big-hearted, genial Major John D. Adams, was on one occasion, delegated by his friends of a fire company to make the presentation speech in giving an honored member a beautiful silver trumpet.

The major had spent much time and thought (as he never did anything by halves) in the preparation of a neat speech suitable for the occasion. When the opportune time had arrived and the company and guests were assembled, he stepped forward with the trumpet in one hand and with the other began to search his every pocket for the speech he had left in his other clothes. After vainly searching his wearing apparel, he at last looked up with an expression of utter dismay and, pushing

the trumpet to the honored recipient, exclaimed "here, take this horn."

I almost feel that this simple utterance could hardly be improved upon were I to say to you, gentlemen, *take this town*. For it is your town; it is the capital of our State and, while you come from every section of our great commonwealth, you, as citizens of the State, have an interest in this your capital city, that citizens from different localities in Arkansas could not have in any other of her beautiful cities.

Without any "authority of the power vested in me by law," but by that good will of all our people which is far above any statute or ordinance, I, as mayor, welcome you to our city on this "May day" when our town is just putting on her lovely gown, fashioned by nature, which gives her the well deserved pseudonym, "City of Roses."

Visit our parks and linger in the shade of nature's verdant umbrellas while you gaze on the lovely flowers and inhale their perfume. If, perchance, you become aweary in your rambles, stroll up to our front doors, "press the (electric) buttons and we will do the rest."

Dr. Vinsonhaler, chairman of the committee of arrangements, in a verbal address also welcomed the society in behalf of the local medical profession.

Dr. Hutchinson responded to the welcomes.

Dr. R. B. Christian, for the committee on credentials, reported the registration of the following named delegates, permanent members and applicants for membership.

DELEGATES.

Baxter County Medical Society—Dr. J. B. Simpson.

Benton County Medical Society—Dr. C. E. Hurley.

Carroll County Medical Society—Dr. W. A. Reese.

Crawford County Medical Society—Dr. M. S. Dibrell.

Drew County Medical Society—Drs. F. M. Loper and W. T. Stanley.

Hempstead County Medical Society—Drs. J. R. Autrey and S. M. Carrigan.

Hot Springs Medical Society—Drs. S. P. Collings, C. T. Drennen and J. T. Jelks.

Howard County Medical Society—Dr. J. S. Corn.

Independence County Medical Society—Drs. R. H. Hodges, W. B. Lawrence and T. J. Woods.

Jackson County Medical Society—Dr. A. J. Brewer.

Jefferson County Medical Association—Drs. A. B. Loving and A. W. Troupe.

Johnson County Medical Society—Drs. G. D. Huddleston and W. R. Hunt.

Lee County Medical Society—Drs. J. W. Hayes and T. J. Robinson.

Little Rock Medical Society—Drs. E. R. Dibrell, J. A. Dibrell, Jr., C. S. Gray, D. A. Gray, R. W. Lindsey, J. H. Southall, L. R. Stark, F. Vinsonhaler and C. Watkins.

Logan County Medical Society—Drs. W. B. Deffenbaugh and J. S. Shibley.

Phillips County Medical Association—Drs. F. N. Burke, C. R. Shinault and D. A. Linthicum.

Pope County Medical Society—Dr. R. M. Drummond.

Prairie County Medical Society—Drs. W. W. Hipolite and J. R. Lynn.

Sebastian County Medical Society—Drs. J. C. Amis, J. G. Eberle, E. G. Epler, B. Hatchett and J. D. Southard.

PERMANENT MEMBERS.

Clark County—Drs. J. R. Dale and J. C. Wallis.

Cleburne County—Dr. Adam Guthrie, Jr.

Crawford County—Dr. J. A. Dibrell, Sr.

Drew County—Dr. D. C. Carroll.

Garland County—Drs. Eugene Hay, T. E. Holland and J. M. Keller.

Izard County—Dr. E. A. Baxter.

Jackson County—Dr. J. S. Graham.

Jefferson County—Dr. A. C. Jordan.

Lawrence County—Dr. C. P. Merriweather.

Lincoln County—Drs. W. M. Bittenger and E. T. Pry.

Miller County—Dr. W. C. Spearman.

Phillips County—Dr. M. Fink.

Pope County—Dr. J. A. Westerfield.

Prairie County—Dr. B. W. Flynn.

Pulaski County—Drs. W. B. Barner, Edwin Bentley, A. L. Breysacher, G. M. D. Cantrell, R. B. Christian, F. L. French, L. P. Gibson, J. I. Hancock, P. O. Hooper, A. R. Howell, G. W. Hudspeth, W. P. Illing, R. G. Jennings, S. H. Kempner, J. H. Lenow, E. Meek, C. E. Nash, J. W. Pipkin, D. J. Prather and A. H. Scott.

Sebastian County—Drs. G. F. Hynes, H. Moulton and T. J. Wright.

White County—Dr. K. A. McIntosh.

APPLICANTS FOR MEMBERSHIP.

| NAMES. | POST OFFICE. | COUNTY. | ALMA MATER. |
|------------------------|---------------------|-----------------|------------------------------------|
| W. H. Moorehead | De Witt..... | Arkansas | Baltimore Medical College. |
| Eugene Christian..... | Portland..... | Ashley | University of Alabama. |
| J. W. Simpson | Berea | Ashley | Vanderbilt University. |
| J. B. Simpson | Mountain Home .. | Baxter | University of Louisville. |
| W. B. Shields..... | St. Francis..... | Clay | Memphis Hospital Med. College. |
| W. J. Hornbarger..... | Heber..... | Cleburne | A. I. U. Medical Department. |
| W. W. Breathwit..... | Kingsland | Cleveland | Louisville Hospital Med. College. |
| W. N. Warren..... | Buckner | Columbia | Louisville Medical College. |
| A. R. Bradley | Plummersville .. | Conway | Memphis Hospital Med. College. |
| J. L. Hare | Wynne | Cross | Kentucky School of Medicine. |
| C. T. Drennen..... | Hot Springs..... | Garland | Rush Medical College. |
| R. W. Steger..... | Hot Springs..... | Garland | Col. of Phys. and Surgeons, N. Y. |
| R. S. Morgan | Center Point..... | Howard | Memphis Hospital Med. College. |
| J. T. Whitmore..... | Center Point..... | Howard | Vanderbilt University. |
| W. T. Bryan..... | Coal Hill..... | Johnson | A. I. U. Medical Department. |
| F. W. Youmans | New Lewisville..... | Lafayette | Rush Medical College. |
| T. J. Robinson..... | Marianna | Lee | University Louisville. |
| H. H. Keith | Dublin | Logan | Bellevue Hospital Med. College. |
| F. A. Corn..... | Lonoke | Lonoke | Vanderbilt University. |
| F. T. Murphy..... | Brinkley | Monroe | Vanderbilt University. |
| L. B. Sutherland | Cove | Pope | St. Louis Col. Phys. and Surgeons. |
| J. M. Campbell..... | Scottsville..... | Pope | Memphis Medical College. |
| R. W. Enders..... | Little Rock | Pulaski | University Louisiana. |
| D. R. Hardeman..... | Little Rock..... | Pulaski | Kentucky School of Medicine. |
| J. J. Robertson..... | Little Rock..... | Pulaski | Atlanta Medical College. |
| E. G. Epler..... | Fort Smith..... | Sebastian..... | Chicago Medical College. |
| W. R. Greeson..... | Clinton | Van Buren..... | Vanderbilt University. |

Dr. Christian stated that in the absence of the other members of the committee on credentials who had been registering before his arrival he did not feel that he was authorized to report fully as to all the particulars concerning all the applicants for membership.

Dr. Prather moved that the committee on credentials be granted further time in which to complete the report.

Dr. Jennings moved that the report be accepted as far as it goes and that we proceed to ballot on the admission of new members. Not seconded.

The motion of Dr. Prather was carried.

The president introduced Dr. Newton, of Monroe, La., as a fraternal delegate from the Louisiana Medical Association. On motion the courtesies of the floor were extended Dr. Newton who thanked the society for the honor conferred.

Dr. Burke moved that the roll call and reading of the minutes be dispensed with. Carried.

Dr. John M. Maury, of Memphis, Tenn., was introduced to the society and the courtesies of the floor extended to him.

The president called vice president Fink to the chair.

The president then delivered the annual address. (The address is published in this issue of the JOURNAL.—ED.)

At the conclusion of the address, Dr. Hooper moved that it be referred to a committee of three. Carried.

Vice president Fink appointed as the committee Drs. D. A. Linthicum, J. W. Hayes and J. A. Dibrell, Jr.

On motion the privileges of the floor were extended to all applicants for membership, pending the report of the committee on credentials.

Adjourned until to-morrow morning.

SECOND DAY.

SENATE CHAMBER, May 2, 1895.

The president called the society to order at 9:30 o'clock a. m.

The president appointed Drs. J. S. Corn, A. B. Loving, W. B. Lawrence, J. H. Hutchinson and W. W. Hipolite on the judicial council, to fill vacancies caused by the absence of some of the members.

The committee on credentials made a full report and recommended the election of the applicants for membership.

On motion, the report was adopted and the applicants were by ballot elected members of the society.

The special committee on the address of the president reported as follows:

To the Arkansas Medical Society:

We, your committee appointed to report on the very excellent address of our president, would respectfully submit: That we find the whole replete with good and wholesome instruction and commend it, in all its parts, to every intelligent physician in our State.

That the special attention of the committee on medical legislation be called to the fact that this association fully appreciates and indorses their well directed energies in our behalf at all times; and that whilst success has not crowned, as it should have done, their every effort, yet we believe that the persistent diligence and that untiring devotion which has characterized them always as a committee, will yet bring to us success out of chaos and brightness out of the present midnight gloom.

The progress of medical education, as fully elucidated by the president, is indeed gratifying to us as an organic body, and we now feel that the high standard of cultivation as required by other countries is now but a short distance in the future to our profession in America.

The recommendations therein contained, it is hoped, will be appreciated and carried out by our special committee on education, as their good judgment may dictate to them.

As regards the State Board of Health, we have great confidence in its ability to take full cognizance of the suggestions as to sanitation and otherwise, as suggested by our president.

The JOURNAL has grown in interest, usefulness and popularity as the great exponent of our principles, as a beacon light to our profession and as our ever ready soldier to defend our organization, and has done much to bring the Arkansas Medical Association to its present point of usefulness. We hereby emphasize that we would seriously regret to see any noticeable changes in the management of the JOURNAL, believing as we do that the energy, experience and ability of the present management could not be equaled by others less experienced at present.

Respectfully,

D. A. LINTHICUM,
J. A. DIBRELL, JR.,
J. W. HAYES,

Committee.

The report was, on motion, adopted.

Dr. P. O. Hooper read the report of the trustees of the JOURNAL, as follows:

REPORT OF THE BOARD OF TRUSTEES.

Mr. President and Members Arkansas Medical Society:

Every member of the society should recollect that the JOURNAL is the child of the society—the property of all the members—and each individual member should foster and nurture it, and give it all the support and assistance within their power and means, to render it worthy of its creator. The advertising patronage of the JOURNAL could be largely increased if the members would endeavor to use their influence over the manufacturing chemists and others who advertise in medical journals, and we suggest and urge that the members of the society mention the JOURNAL, as a proper advertising medium, in their correspondence with those whose products they use and recommend. There is no doubt that concerted action on this line would have the effect of impressing upon manufacturers the benefits to be derived by placing their advertisements in our JOURNAL. What we want is *readers* for the JOURNAL, and, if

possible, every medical man in the State should be solicited to become a subscriber. No matter how many other medical papers a man may take, he should by all means patronize his home paper, and become thoroughly informed of the progress of medical thought in his own State.

Thus far, by strict economy and a reasonably fair patronage, the JOURNAL has fully sustained itself pecuniarily, and has proven that it is worthy hearty and cordial support. The report of the editor to the trustees is quite encouraging and eminently satisfactory, and gives conclusive evidence that it has passed its experimental stage, and it now only rests upon the members, individually and collectively, to keep it up to its present high standard of usefulness and excellency.

For causes beyond our power to control, the publication of the JOURNAL was suspended for several months during the summer of 1894, but was resumed again in October of that year, and has been issued regularly ever since. No failure of this kind is anticipated in the future. We assert with confidence that the publication now compares favorably with any similar medical journal that has come under our observation.

The following letter was received from the editor, transmitted with his report, which we here insert:

To the Trustees:

In connection with my report, I respectfully resign the position of editor of the JOURNAL. The JOURNAL has largely passed the experimental stage. It can be conducted successfully by hard work on the part of those immediately connected with its management and with the support of *all* the members of the society. I feel that I have done my share of the work; and, in duty to myself, I am impelled to resign, and ask that others be allowed to share in the responsible work connected with the conduct of our JOURNAL.

With thanks for your manifestations of confidence in me, and for the cordial support I have always received at your hands, I remain,

Yours truly,

L. P. GIBSON.

We were taken by surprise at this action on the part of Dr. Gibson, for we had no previous intimation that there was any dissatisfaction or disagreement between him and any member of the board or society, and we are assured that none now exists, only that he feels that he has done his part of the work faithfully and untiringly, and desires a rest. We can confidently assert that, from the first issue of the publication, Dr. Gibson, as editor, has given his time cheerfully, willingly and to the best of his ability to the upbuilding of a medical journal in our midst that is the equal of any other journal of its kind in the country, and all this without fee, favor or reward, and he deserves the thanks of the whole profession of the State, which we know will be cheerfully accorded him. Knowing his worth and ability, we feel it incumbent on us to very respectfully decline his resignation at present, and have so notified him. We sincerely trust and believe that he will accede to our united request to withdraw his resignation and continue in the position he has so long held, and continue with us and work with us, as he has done in the past, to uphold the dignity of the medical profession in the State and make the JOURNAL a power in the land.

Respectfully submitted,

P. O. HOOPER,

President.

Attest: J. H. SOUTHALL,

Secretary.

W. B. LAWRENCE,

J. A. DIBRELL, JR.

On motion, the report of the trustees was received and adopted.

The report of the Board of Visitors to the Arkansas Industrial University, Medical Department, being called for, Dr. J. W. Hayes, chairman, reported verbally, that on the eve of his departure to attend the annual examinations and commencement, he was suddenly detained and did not attend.

The secretary read his annual report, as follows:

LITTLE ROCK, ARK., April 30, 1895.

Mr. President:

I have nothing, beyond the routine, to report as secretary of the society, except that I have endeavored to obtain the names and addresses of all the regular graduates in good standing in this State, and tried to fully inform each one of them concerning this meeting. In making preparation for this session, the medical societies of Phillips, Sebastian, Jefferson and Independence counties have given assistance that I hope will be shown in the results of this meeting. These societies have sent out circulars to the members of the profession in the entire State, and the societies of Independence and Jefferson have done special work in their respective localities. When each county society shall resolve itself into a special committee to see that all the physicians in their respective localities shall be fully informed as to the meetings of the State society and shall urge full attendance, there will be almost a revolution in medical organization in Arkansas.

In submitting this report, I desire to offer my resignation as secretary of the society. I feel that I am not asking too much of you when I request to be relieved of the duties of this office. I have endeavored to perform the duties faithfully, and I think for a time long enough. My sincere thanks are returned to *all* the members of the society for the assistance they have rendered during the years I have been secretary. The work has been made lighter and the duties pleasanter by their kindly assistance.

This resignation is not the result of recent determination, but I have contemplated it for some time. It is unconditional, and I hope you will accept it.

Very respectfully,

L. P. GIBSON,

Secretary.

Dr. Keller moved that all of the report be accepted except the resignation of the secretary, which be not accepted.

The motion was ruled out of order by the president.

Dr. Hynes moved that the report of the secretary be adopted as a whole.

Dr. Hipolite moved that the thanks of the society be voted Dr. Gibson for his faithful and efficient services as secretary. Carried.

Dr. Hynes moved that Dr. Gibson be requested to act as secretary during the remainder of this session. Carried.

The secretary read the following:

REPORT OF THE TREASURER.

LITTLE ROCK, May 1, 1895.

A. L. Breysacher, Treasurer, in account with The Arkansas Medical Society:

| 1894. | DR. | CR. |
|--|-----------|-----------|
| May 22. To balance on hand, as per report..... | \$ 53 75 | |
| To amount collected, dues from members since May 22, 1895 | 660 00 | |
| By amount expended, as per vouchers herewith sub- mitted | | \$ 677 45 |
| By balance on hand May 1, 1895..... | | 36 30 |
| | \$ 713 75 | \$ 713 75 |

Respectfully submitted,

A. L. BREYSACHER,
Treasurer.

The report was received and referred to a special auditing committee, consisting of Drs. Hooper, Shibley and Southall.

Dr. R. B. Christian, librarian, stated that as he had nothing to do pertaining to his office, he had nothing to report.

Dr. Southall, chairman, read the subjoined

REPORT OF THE COMMITTEE ON MEDICAL LEGISLATION.

Mr. President and Gentlemen of the Arkansas Medical Society :

Your committee on medical legislation would report that during the late session of the Arkansas legislature, they made strenuous efforts, in conjunction with certain members of the regular profession members of the legislature, to obtain legislation beneficial to the medical profession and the people of

the State. But owing to the lack of comprehensive intelligence on the part of the very large majority of the now extinguished body, as demonstrated in the passage of a bill, over the governor's veto, regulating the practice of medicine in the State, very similar to the law repealed two years ago, it was found utterly impracticable to accomplish any good.

The bill referred to as having been enacted as law, has been characterized and known as a backward step in medical legislation; and truly so, for the reason that the experience of the past warrants the supposition that, as heretofore, under the workings of a similar law, an incompetent applicant for license to practice, could obtain the desired certificate of qualification before an incompetent board. And so long as his residence is in the county, or claimed to be in the county in which he was examined, registered and licensed, the licentiate is entitled to practice, not only in that county, but in any adjoining county to which his practice may extend. Thus, in nowise does the law remedy one of the potent evils so much complained of by this society, regarding the effect of the act repealed in 1893, and thus permitting peripatetic medical men and other empirics and quacks to practice medicine anywhere in the State.

The county court, as heretofore, is considered competent to determine the qualification of the board, as set forth in the act, viz: "learned in the science of medicine and surgery, of good moral character, etc." The board shall comprise a membership of three, two of whom must be graduates of reputable medical colleges, and duly registered physicians and surgeons.

The reputableness and competency of these boards, in the opinion of your committee, rests to a large extent upon the efforts of organized medicine, looking to its control, and inasmuch as the law is now something to be accepted as fact, for at least two years, your committee would urge upon this body to take such action as would direct the attention of all local organizations to their immediate supervision of such appointments in their counties. Your committee prepared a bill regu-

lating the practice of medicine in the State, which was considered as more nearly meeting the requirements of the profession and the people, than any preceding measure offered to any previous legislative assembly. It embodied, to a large extent, the most prominent features of the Illinois law pertaining to the same subject. But the law as present enacted, took precedent by reason of its presentation within the first few days of the legislative session and the subsequent influence of its author over the assembly, as mentioned previously, in the passage of the act over the governor's veto. Hence the bill prepared by your committee was seemingly relegated to the shades of a legislative committeeman's desk, and nothing resulted therefrom.

Owing to a decision of the supreme court of the State last January, in a case appealed from Prairie County circuit court, having reference to the county's liability for expert testimony, called for by the State's attorney and given by Dr. B. W. Flynn, of that county, in which the court decided that the county was not liable by reason of the absence of any statutory provision therefor, your committee had prepared and introduced a bill in the house of the general assembly covering such defect in the statutes. It was hoped, inasmuch as the statute offered did not specifically mention medical experts, but simply expert, thereby including the expert evidence of skilled scientists and artisans of whatever vocation in life, the measure might be successfully engineered through. But in this we were again disappointed. The bill was read twice in the house, and then apparently it "slept the sleep that knew no awakening."

One other matter your committee should report was the appropriation by the legislature of \$2,000 for the use of the State Board of Health, under the circumstances of an epidemic of contagious or infectious diseases threatening or appearing within the borders of the State.

We believe this appropriation was more the result of the law of self-preservation than a desire to protect the people, for at the time of its passage the smallpox was in a neighboring

city with indications of reaching the capital, where the legislature was in session. Respectfully submitted,

J. H. SOUTHALL, *Chairman.*

L. R. STARK,

L. P. GIBSON,

W. W. HIPOLITE,

Committee.

On motion the report was adopted.

Dr. Barner moved that the thanks of the society be tendered to Governor Clarke for vetoing the medical bill.

Dr. Guthrie offered as an amendment to Dr. Barner's motion the following resolution:

Resolved, That this society express its thanks to Governor J. P. Clarke for his effort to advance the standard of the medical profession in Arkansas and to protect her people by vetoing the recent medical bill passed by the last general assembly.

It is so rare that men in public office fully realize the importance of proper medical legislation that we deem the present chief executive especially entitled to our thanks.

Dr. Keller said that while he heartily indorsed the resolution he thought the matter of so much importance that it should be referred to a special committee to draft suitable resolutions more fully expressing our thanks. He so moved.

Dr. Holland moved as a substitute for the whole matter that the whole question be referred to a special committee of three. Lost.

The question recurring on the motion of Dr. Keller it was carried and the president appointed Drs. Keller, Watkins and Wright.

Dr. Jennings moved that Dr. D. A. Linthicum be added to the committee.

The president stated that, without objection, he would increase the committee to five and appoint Drs. Linthicum and Southall the additional members. No objection was made.

In the absence of Dr. Horner, chairman of the committee on medical education, Dr. J. S. Corn stated that as a member

of the committee he supposed the chairman would be present with his report; and therefore the other members of the committee had not prepared a report.

Dr. A. B. Loving, chairman, read the

REPORT OF THE COMMITTEE ON STATE MEDICINE*.

The report was discussed by Drs. Hutchinson, Nash and Wright, the latter moving that Dr. Epler be requested to read his paper, relating to the same subject, during to-morrow morning's session. Carried.

Dr. Holland offered the following resolution:

Resolved, That the committee on legislation be increased to at least one representative from each county of the State, this committee to be appointed by the president.

After discussion by Drs. Holland, Epler and Keller the resolution was adopted.

Adjourned until to-morrow morning at 9:30 o'clock.

THIRD DAY.

SENATE CHAMBER, May 3, 1895.

The society was called to order at 9:30 o'clock a. m., by the president.

The society proceeded to consideration of the revised constitution and by-laws reported to the society at the last annual session. Dr. Gibson, chairman of the special committee to revise the constitution, stated that while the committee had spent much time in preparing the instrument now to be considered, he hoped the society would consider the question deliberately and thoroughly and that members would suggest any alterations they deemed best. Even the committee was of the opinion that some beneficial changes might be made and they would suggest them unless some of the members did so.

Dr. Hooper moved that each article and section be considered separated and voted upon one at a time. Carried.

*The report will appear in subsequent issues of the Journal.—Ed.

Dr. Hooper moved further that when a section is read unless some amendment is offered or objection made it shall be considered as adopted.

When section 2, article 3, was read, it was amended so as to read as follows:

Sec. 2. All members in good standing in the auxiliary county societies may become members in all its rights and privileges by an application accompanied by a certificate of good standing in the county society, signed by the president and secretary of the county society, *Provided*, that none but delegate members shall transact the legislative business of the session.

The next amendment was proposed to section 1, article 5, so as to change it from "The members of the profession in any county in this State who desire to do so may form themselves into a county society," etc., to "Three or more members of the profession in any county of the State," etc.

Article 5 was amended by striking out all after the first paragraph, so as to make it read: "The initiation fee shall be \$5, and the annual dues \$3. Members of county societies, in good standing at the time of the adoption of this constitution, shall not be required to pay the initiation fee."

The society having finished the consideration of the constitution and by-laws by sections, on motion the instrument was unanimously adopted as a whole.

Dr. Hooper, chairman, read the following report of the special auditing committee:

We the committee on accounts have examined the treasurer's books and find them correct as per his statement submitted to the society. Balance on hand April 30, 1895, \$36.30.

P. O. HOOPER,

J. S. SHIBLEY,

Committee.

Dr. Keller submitted the subjoined report of the special committee to whom was referred the report of the committee on medical legislation:

Your special committee to whom was referred the report of committee on medical legislation, begs to submit, that

WHEREAS, For ages the profession of medicine, has, by all civilized nations, been recognized as one of the learned professions, standing alongside with the law and the ministry, and at all times respected for the labor and self-denial of its members, sacrificing as they do, life and fortune to the service of the people, rich and poor alike, with or without reward, as circumstances may dictate, and

WHEREAS, the State of Arkansas as represented by her law-makers, recently in session, unlike almost every other State in the union, saw fit, not only to refuse to recognize the dignity of organized medicine, but by its action endeavored to degrade and humiliate the profession by passing a law which virtually confers upon county judges the power to admit to the practice of medicine any applicant that presents himself whether he be a graduate of medicine or not, and

WHEREAS, Governor J. P. Clarke had the courage and manliness to veto the bill thus passed, giving strong and intelligent reasons therefor (without avail, however, the bill being passed over that veto) now, therefore, be it

Resolved, That the Arkansas Medical Society most earnestly thanks Governor Clarke and those who gave him their earnest support (noticeably Dr. W. C. Dunavant, of Mississippi County), in trying to defeat the iniquitous bill.

Resolved, That with equal earnestness and indignation this society condemns the action of those in the legislature who aided in passing a bill which is at once an insult to every intelligent physician, and a dreadful menace to the lives of the people of our State.

J. M. KELLER,

T. J. WRIGHT,

D. A. LINTHICUM,

C. WATKINS,

Committee.

The report and resolutions were adopted.

Dr. Vinsonhaler, chairman of the committee of arrange-

ments, stated that Rev. Sam Jones had consented to address the meeting at 2:30 p. m. to-day.

The secretary called the roll of counties for the purpose of ascertaining the names of the nominating committee.

The following was the committee selected by the different counties:

- Arkansas County—Dr. W. H. Morehead.
Ashley County—Dr. E. J. Christian.
Baxter County—Dr. J. B. Simpson.
Benton County—Dr. C. E. Hurley.
Carroll County—Dr. W. A. Reese.
Cleburne County—Dr. W. J. Hornbarger.
Conway County—Dr. A. R. Bradley.
Crawford County—Dr. M. S. Dibrell.
Drew County—Dr. W. T. Stanley.
Garland County—Dr. C. T. Drennen.
Hempstead County—Dr. S. M. Carrigan.
Howard County—Dr. J. S. Corn.
Independence County—Dr. W. B. Lawrence.
Izard County—Dr. E. A. Baxter.
Jackson County—Dr. A. J. Brewer.
Jefferson County—Dr. A. W. Troupe.
Johnson County—Dr. W. R. Hunt.
Lafayette County—Dr. F. W. Youmans.
Lawrence County—Dr. C. P. Merriweather.
Lee County—Dr. J. W. Hayes.
Lincoln County—Dr. Wm. Bettinger.
Logan County—Dr. W. B. Deffenbaugh.
Lonoke County—Dr. F. A. Corn.
Miller County—Dr. W. C. Spearman.
Phillips County—Dr. D. A. Linthicum.
Prairie County—Dr. W. W. Hipolite.
Pulaski County—Dr. R. W. Lindsey.
Sebastian County—Dr. J. C. Amis.
Van Buren County—Dr. W. R. Greeson.

On motion the society adjourned until 8 o'clock p. m., to meet on board the excursion steamer.

FINAL SESSION.

ON BOARD STEAMER REES PRITCHARD, May 3, 1895.

The society was called to order at 8 o'clock by vice president Southard, the president having been suddenly called home on account of sickness in his family.

The nominating committee reported the election of the following

OFFICERS FOR 1895-6.

President—Dr. L. P. Gibson, Little Rock.

First Vice President—Dr. J. W. Hayes, Marianna.

Second Vice President—Dr. W. W. Hipolite, Devall's Bluff.

Secretary—Dr. Frank Vinsonhaler, Little Rock.

Treasurer—Dr. A. L. Breysacher, Little Rock.

Board of Censors—Dr. J. S. Shibley, Paris; Dr. W. B. Lawrence, Batesville; Dr. J. A. Dibrell, Jr., Little Rock; Dr. J. T. Jelks, Hot Springs; Dr. T. J. Wright, Fort Smith.

Section on Practice of Medicine—Chairman, Dr. E. R. Dibrell, Little Rock; Secretary, Dr. C. T. Drennen, Hot Springs.

Section on Surgery—Chairman, Dr. W. B. Deffenbaugh, Paris; Secretary, Dr. ———.*

Section on Obstetrics and Gynecology—Chairman, Dr. J. C. Amis, Fort Smith; Secretary, Dr. C. E. Hurley, Bentonville.

Next Place of Meeting—Fort Smith.

Dr. Hipolite moved that the dues of all members in arrears previous to the year 1894, be remitted on the prompt payment of \$5 dues for the last year. Carried.

The newly elected officers who were present were introduced and made the usual acknowledgment.

On motion the society adjourned.

*The original copy of the report of the nominating committee was mislaid on the adjournment of the society on the boat, and has not been found. The secretary would be glad to have any errors corrected or omissions supplied by those who may be familiar with the report.—ED.

MINUTES OF THE SECTIONS.

The minutes of the different sections in which the scientific work of the session was conducted, will be printed in the next issue of the JOURNAL.

ENTERTAINMENTS.

On Thursday evening May 2, the visiting physicians and those accompanying them were the guests of the Little Rock Medical Society at a concert by the celebrated Sousa's Concert Band at the Glenwood Park Theatre.

On Friday afternoon May 3, the Little Rock Medical Society entertained the members of the State society, and the ladies accompanying them, on an excursion up the Arkansas River on board the Steamer Rees Pritchard and barges.

As Little Rock is the home of the JOURNAL it leaves to others to give an account of this feature of the programme, and reproduces the subjoined from the *Little Rock Gazette* of May 4:

"One of the most enjoyable excursions and banquets of the season was that given on board the elegant steamer Rees Pritchard yesterday evening by the Little Rock Medical Society to their visiting brethren of the Arkansas Medical Society.

About 150 persons were on board, and it is safe to say that every one present enjoyed himself to the utmost. The boat left its Little Rock wharf at 5:30 o'clock, and after a run of three hours, during which the excursionists had ample opportunity for viewing the beautiful scenery along the river and enjoying the pleasant ride, supper was announced and the party repaired to the Pritchard's handsome new barge, which was then lashed alongside and there found a feast fit for the gods awaiting them.

After spending several moments in discussing the sumptuous viands and satisfying demands of the inner man, Dr. F. Vinsonhaler as master of ceremonies, announced that the society had selected officers for the following year and also a place for the next meeting. Dr. Merriweather arose and announced the following officers: President, Dr. L. P. Gibson, of Little Rock; First Vice President, Dr. J. W. Hayes, of Marianna; Second

Vice President, Dr. W. W. Hipolite, of Des Arc; Secretary, Dr. F. Vinsonhaler, of Little Rock; Treasurer, Dr. A. L. Brey-sacher, of Little Rock. Board of Censors: Dr. J. S. Shibley, Dr. W. B. Lawrence, Dr. J. A. Dibrell, Jr., Dr. J. T. Jelks, Dr. T. J. Wright. On Practice of Medicine: Dr. E. R. Dibrell, chairman and C. T. Drennen, secretary.

Dr. Gibson made a clever speech of acceptance, as also did Dr. Vinsonhaler. The election of officers met with universal approbation.

Fort Smith was selected as the next meeting place in May, 1896.

President Gibson then announced that all business being concluded a motion to adjourn was in order.

Dr. Whitmore moved that the society adjourn *sine die* which was done.

Dr. Vinsonhaler arose as toastmaster and proposed the toast "Our President-Elect" which was ably responded to by Dr. Gibson.

"Our Bachelor Brethren," Dr. Drennen treated in a feeling and sympathetic manner, for he is one of them, and trusted he would not be called on to perform the same duty at the next meeting.

"The Press," by Geo. W. Gunder, was a splendid production in verse and was well received.

"The Specialist and General Practitioner," by Dr. Hooper, was a little on the reminiscent order and was a very well-timed effort.

"Till We Meet Again" was down for a response by Dr. J. M. Keller, of Hot Springs, but he objected and preferred instead to speak to "The Ladies" and he did so in a happy strain.

Capt. Drake ordered the prow of his boat turned homeward, and the table removed from the floating banquet hall, while those who desired might trip the light fantastic to the inspiring strains of Sarlo's band.

The trip homeward by moonlight was all too quickly over and the gay and happy excursionists "walked the plank" with a sigh that such an evening should ever end.

To Dr. Vinsonhaler, as chairman of the arrangement committee, is due much of the credit for the success of the occasion, and he will always be gratefully remembered by those fortunate enough to have been present.

Nothing too good can be said of the elegant Rees Pritchard with her clean and pretty fittings, electric lights, perfect handling and management, and her jolly master, Capt. L. P. Drake, who made it his personal duty to see that all on board his handsome boat got the full benefit of the trip. The Pritchard has had a lot of new barges built and Capt. Drake has cleaned and fitted up desirable picnic grounds at the foot of Palarm Hill, which has been named by him the "Rose City Pleasure Grounds" and the Pritchard will doubtless convey many pleasure parties up during the season. They are located twenty miles up the river and on the trip quite a good many views of beautiful scenery may be had.

This article would be incomplete without some account of the bounteous banquet served the medicos and their ladies. It was prepared by Mr. Heinze of 718 Main street, who superintended the serving on board, and the arrangement of the table etc., was looked after by Mesdames Dr. Scott, and Dr. Lindsey. For the caterer Mr. Heinze and the ladies, every one must have felt a tender spot for the splendid supper and the excellent manner in which it was served.

The doctors of Arkansas will remember for a long time the treatment accorded them by their brethren and the hospitable people of the City of Roses."

DR. JAMES E. REEVES, of Chattanooga, was very recently acquitted in a suit against him for damages in a civil suit for libel, brought by the proprietors of "The Amick Cure for Consumption," the accuracy of whose statements Dr. Reeves had attacked.

County Societies.

The Work of the County Societies.

Much of the success of the last meeting was due to the work of several of the county societies, who took an interest in the matter and endeavored to arouse interest in the meeting.

Never in the history of Arkansas has there been a time when the county medical society could do more for medical organization and for the people than now. With thorough organization during the present year and hard work the next, every law desired for the elevation of the profession and the protection of the people will be passed by the next general assembly. The JOURNAL desires to make this one of the departments particularly interesting and it hopes the secretaries of their respective societies will bear in mind the importance of transmitting their transactions to us for publication.

Miscellany.

THE atmosphere has yielded another, hitherto undiscovered constituent, named by its discoverers, Lord Rayleigh and Prof. Ramsay, Argon. It is about one-half per cent lighter than nitrogen, and exists in great quantities in the air. It seems to be inert and without any affinity whatever for other substances.

First Aid to Persons Injured by Electric Currents.

Prof. Gabriel, of the Paris Academy of Medicine, presented a committee report at a recent meeting of that body upon the means to be taken in treatment of persons coming in contact with electric wires or apparatus. The following are the conclusions:

When a person meets with an accident due to contact with electric conductors or generators, the contact must first be

broken, if it still exists, as otherwise those who come to render assistance may also become victims of the same accident.

The victim is to be carried to a well-ventilated room, from which all persons, except, at most, three or four assistants, are excluded.

The clothing should be loosened at once, and efforts are to be made, at the earliest possible moment, to reëstablish respiration and circulation.

To restore respiration, recourse should be had mainly to the following two procedures: Rhythrical traction on the tongue and artificial respiration, but both must be continued for a sufficiently long time.

Lastly, concurrently with these procedures, the circulation should be stimulated by rubbing of the skin, flagellation of the trunk with the hand or wet towels, and any other means usually resorted to in such cases.—*American Medico-Surgical Bulletin, February 1, 1895.*

Treatment of Gall-Stones and Gall-Stone Colic.

Ferguson (*Journal of the American Medical Association*, January 19, 1895), gives the following indications for opening the abdomen and exploring the gall-bladder:

1. For attacks of biliary colic, accompanied by distended gall-bladder, which suddenly subside and no stone is passed: The stone has dropped into the bladder, and will attempt its escape again.

2. For repeated attacks of biliary colic, where the bladder becomes enlarged and jaundice follows: A stone is lodged in the ducts, and must be removed to obtain relief.

3. For persistent tenderness over the gall-bladder: The interpretation of this sign is that a subacute inflammation has been set up by the irritation of a stone. Such cases have a history of colic, and the results are apt to be gangrene of the gall-bladder, ulceration (with perforation, causing peritonitis), or cancer.

4. For persistent and marked enlargement: Such may indicate that the gall-bladder contains: A large number of stones or several very large ones; much mucus; large accumu-

lations of bile; mixture of the two above; that a growth, cancer or tumor is invading its walls. Three operations are open to us, and each should be undertaken according to its own nature.

1. Cholecystotomy: Cutting open the gall-bladder and removing the stones from bladder and ducts and closing again, with or without a period of drainage.

2. Cholecystotomy: Removal of the gall-bladder entire, with its ducts and contents, advisable only in cases of tumor, cancer, ulceration or gangrene.

3. Anastomosis of the gall-bladder with the intestines.

This is to be done when the gall-bladder contains much material, including bile, and after evacuation an opening cannot be established between the gall-bladder and the intestine; *i. e.*, permanent obstruction of common ducts. It is easiest accomplished by means of the Murphy button.—*Therapeutic Gazette.*

Guaiacol in Diphtheria.

In the *Polyclinic*, S. Solis-Cohen highly praises local applications of this drug to the pharynx as a prophylactic against diphtheria. He says that diluted or undiluted guaiacol, applied to the throat, stings, burns, and, in some instances, produces a sensation of strangling. This, however, even at the worst, passes off in a minute or so, sometimes in less than a minute. Previous application of cocaine—say 2 to 4 per cent solution—diminishes the unpleasant effect of the guaiacol. If a solution of menthol (5 per cent) in glycerine or olive oil is used to dilute the guaiacol, the painfulness of the application is much lessened. Liquid petrolatum may also be used: but the solution is not perfect and must be shaken up, giving some uncertainty of result. The application should be made quickly, and with firm but gentle pressure. The formula given below is that which he is now using, both in attempted prophylaxis and in the local treatment of diphtheria:

Guaiacol (chemically pure), 50 parts (*f dr x*);

Menthol, 5 parts, (*f dr 1*);

Pure olive oil, 50 parts (*f dr x*).

To be applied with cotton swab, once daily in prophylaxis, twice daily in treatment, or as needed.—*Therapeutic Gazette.*

THE
JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY.

VOL. V.

JUNE, 1895.

NUMBER 9.

Medical Society Papers.

Address on Obstetrics and Gynecology.

BY GEORGE F. HYNES, M. D., CHAIRMAN, FORT SMITH.

[Delivered to the Section on Obstetrics and Gynecology at the Twentieth Annual Session of the Arkansas Medical Society.]

The practical work of this important division is now begun, the section on obstetrics and gynecology is declared open. Medicine has intimate relations with this greatest work of the Supreme Being, who, for unknown, yet we may be sure cogent reasons, made Eve after the creation of Adam. Were we to speculate as to the why, we might think that man full of strength, with passions marked, was allowed to be alone for a time that he might know his own weakness, having no helpmate; and too that he might, when the lovely being was set before him, reflect to some degree the gentleness of this the latest work of the Creator. It might, if not used irreverently, do to say right here that Eve being the latest was decidedly in the fashion, as so many of her charming daughters have been through all the ages. This ground gentlemen is sacred, tread softly here. The mothers and daughters of the race, their ailments and conditions, their physiological and pathological states, what speaker has so profound a subject, what poet greater inspiration. The

body of man the temple of God; the body of woman what? Short of a "Holy of Holies." At this shrine have many of the greatest representatives of our craft in our own beloved country made obeisance. Whatever may be said of other sections of the medical cosmos, we claim the proud distinction for America that we have hitherto led the world in the amelioration of the pathological conditions of this our Creator's master work. Who among us thinks of a Sims, a Thomas, or a Goodell without intuitively turning to their prototypes in other walks, for as surely is the mark of genius placed upon these as upon a Shakespeare, a Byron and a Burns; who, though dead, speak with a brilliancy almost supernatural. Let us linger a moment while we hold to view a laurel from the brow of one who unifies these very types, that we may see in our "Holmes" the complete coin. Medicine on one side (and no shilly shally isms about it either). On the obverse what? Some of the most melodious strains of the divinest poetry. Oliver Wendell Holmes was the advocate in no uncertain way but directly of aseptic midwifery before antisepsis was born. He the poet doctor was a seer, a prophet in this our field of "woman" in medicine.

Report of a Case of Traumatic Encephalocele.

BY W. B. LAWRENCE, M. D., BATESVILLE.

[Read in the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.]

August 23, p. m., 1893, my partner, Dr. Ewing, and myself were called into the country to see Aleck Martin, colored, the messenger stating that the man had been shot through the head.

The party at the time was 26 years of age, and up to the date of the accidental shooting, was in perfect health. We learned that he had been shot by his companion while in the woods hunting, with an old army musket, the load consisting of the usual amount of powder and No. 4 shot. He was not

more than 4 feet from the muzzle of the gun at the time of its discharge.

Upon examination, we found that the load, almost *en masse*, had struck the head about 2 inches above the left eye, tearing away the scalp, the bone and all the membrane and quite an amount of brain substance, leaving an open wound in the skull about $1\frac{1}{2}$ inches wide, by 3 inches in length; of course the wound in the scalp being still a little larger. The man was wholly unconscious, with his pulse very low, about 40, and quite feeble; respiration in proportion. Bleeding was quite profuse.

We cleaned away the spicula of bone, and washed out the wound, packing the opening with bichloride gauze, giving our opinion that very likely the negro would die, and quite soon. The second day he was reported as alive and able to swallow a little water and a small amount of nourishment.

Upon a visit we found him still speechless and a complete hemiplegia of the right side. Within three or four days we withdrew the dressing; drew his scalp together as well as possible and made quite a compression, but the brain substance soon forced itself out in the shape of quite a fungoid excrescence of hernia cerebri. As soon as possible, in a few days, we had the patient brought to town in order to be able to visit him oftener. When he reached his boarding place the growth had increased to about the size of a goose egg.

We now proceeded to remove the protruded mass; had almost the entire scalp shaved and the parts well cleansed for the operation. As the growth was quite vascular, we took it off down on a level with the skull, with a silk ligature; then curetted his brain substance down below the internal plate; pared the edges of the scalp; raised the scalp from the skull and intended, if necessary, to make two incisions parallel with the wound, probably about 1 inch long; but after having raised the scalp, found this was not necessary as by tension it would cover the wound.

After hemorrhage ceased we cleansed the cavity well; used quite freely iodoform; stitched the flaps tightly; applied adhesive strips; used some gauze; then applied bandages and in fact, so far as possible, hermetically sealed the wound, as we did not expect to open it for some days.

So soon as the second day after the operation, the pulse was better; respiration improved; some indication of returning sensation and motion of right side, and within a week some return of speech and paralysis fast disappearing. In about two weeks the dressing was removed; found the scalp healed, and by compression prevented any further protrusion of hernia.

The patient was soon walking about and fast gaining his health. He drifted away from under our care and I heard of him in Memphis where he remained with his wife for some months. He came back in the spring of 1894 and I was called to see him and found him having convulsions. Upon examination, found a little abscess near the edge of the fractured skull, found in it a small piece of bone, probably having sloughed from the internal plate; removed this piece of bone and all convulsions ceased and now for many months he has enjoyed good health.

I would say here that the negro was rather a bright man; had some education; could read and write a little. His mental faculties are somewhat impaired, but he still reads and writes and can do more or less manual labor.

A writer in Woods' Reference Handbook of Medical Science says that, "Portions of the brain, or of the cerebellum, through the skull, may be made an object of special study from two points of view; one of the surgeon, and one of the teratologist.

Hernia of the brain through an accidental orifice in the scalp, such as that made by a wound, by a necrosis, or by the application of a trephining instrument, are mentioned in all the classical works on surgery. Traumatic hernia of the brain may follow the application of forceps in child birth. It is known to have occurred in extracting splinters of bone from the fractured

skull and it is a complication of wounds and fractures of the skull by firearms. From the latter cause, the most curious cases of traumatism and encephalocele may arise.

Quite a detailed exposition of the subject appears in the fifty-one cases compiled by the writer of the 'Medical and Surgical History of the War of the Rebellion,' Surgical Volume, Part First, pages 293-304. Four of the survivors whose history is recorded therein, recovered with full integrity of their mental faculties; while three suffered so much from headache and vertigo as to be incapable of much mental exertion. Eight of the forty-four fatal cases appear to have been examples of primary protrusions of bone substance from extensive gunshot fractures and thirty-six illustrate the condition known as hernia or fungous cerebri. Of fifty-one patients, four were trephined, and in twenty-five cases fragments of bone were removed; the projectile was extracted in four instances."

This case being my first and the only one I have ever seen, it has been one of much interest to me and is of much more satisfaction to report now, after having watched it for nearly two years, than if reported earlier.

The Difficulty of Differential Diagnosis of Some of the Exanthemata.

BY M. S. DIBRELL, M. D., VAN BUREN.

[Read in the Section on Practice of Medicine at the Twentieth Annual Session of the Arkansas Medical Society.]

While one might infer from the title of this paper that the exanthemata in their varied forms would be considered, it is, however, the difficulty of the early diagnosis of some cases of scarlet fever to which it is specially intended to give attention. Some of the cases that shall directly be described were well marked, presenting all or many of the characteristic symptoms which are regarded as being pathognomonic. Others were

so imperfectly developed that a diagnosis could not positively be made, and it is to these cases that do not present such symptoms as to enable a diagnosis to be made that *should* receive closest attention, as a grave case of scarlatina may arise in a person that has been exposed to the disease in its simplest form; and the sequelae of mild cases herein spoken of, were much more severe than were those of greater intensity. Where such maladies do not frequently appear, as is the case in our section (these being the first that have appeared there within my knowledge), it is not an easy task for an inexperienced eye to diagnose the disease when it has not many of the symptoms peculiar to that affection. While it might not be difficult for some of those who are accustomed to such diseases to detect them in their early stages, yet the most eminent authorities speak of the fact that in some instances it is next to impossible to diagnose them.

The first cases were seen in the latter part of 1894 in consultation with Dr. Giles Lucas. There were three children sick in the same family. Their ages were 2, 6 and 10 years respectively. There was no history as to their having been exposed to any eruptive disease, and there had been none previously reported.

A description of the oldest of the children will suffice for the others, so similarly were they affected. The tonsils were badly inflamed, with ulcerated patches on them. Tongue coated with a creamy coat in the center and red around the edges; at the apex the papillae were very much enlarged, presenting the strawberry appearance. Post-cervical and submaxillary glands enlarged. The eruption was scarlet, covering the entire body. The cheeks and forehead were flushed, leaving the region about the mouth a pale white. The papillae of the skin were elevated; especially marked about the chin and neck, and felt rough when the hand was passed over them, and leaving a white line which resumed the scarlet color from periphery toward the center. The temperature averaged about 103° ; pulse from 130 to 140 per minute. There was ano-

rexia, headache and vomiting. This was on the third day of the eruption. Fever continued for seven days and when it subsided, desquamation began (which included the finger and toe nails), and lasted for several weeks. The patients all recovered without sequelae. I could not imagine that a more typical case of scarlet fever could have existed than the one just described.

The daughter of Mr. M., age 7 years, had not, so far as it was possible to learn, been exposed nor had she been in the neighborhood of any person affected with any eruptive disease. She returned home from school in the afternoon with a chill and vomiting. She had had varicella about two weeks previous to this. I was called to her the following morning. Found the tonsils and pharynx inflamed. Tongue coated in the center, red around its edges, papillae at the apex slightly enlarged. There was complete anorexia, eyes injected, some headache, and pain in lumbar region. Pulse 130 per minute, temperature 102° . There appeared seemingly beneath the skin all over trunk and extremities, small, wavy, red lines, separated by corresponding white ones. The palms of hands and soles of feet were a suffused red. The cheeks flushed, the region about the mouth pale.

The eruption on the third day assumed the appearance of small red points, slightly elevated, and so closely aggregated that the skin was of scarlet appearance. The fever lasted about six days. Eruption began to fade on the fourth day, when desquamation began and lasted about fourteen days. Patient recovered without complications other than slight enlargement of a few of the cervical and submaxillary glands.

The son of Mr. G. was seen in consultation with Dr. O. M. Bourland. This was on the fifth day of the eruption. Skin was bright scarlet over entire body, and accompanied with violent itching or burning. The face was flushed, but having the peculiar waxy appearance about the mouth. The skin was rough with soudamnia distributed over the body. The tongue had disposed of its coating and was fiery red. The papillae

all enlarged, but especially so about the apex. Tonsils ulcerated, and together with cervical and submaxillary glands greatly enlarged. The nares clogged with bloody mucus. The temperature was at this time 105° , pulse 150 per minute. Dr. B. informed me that the temperature had been as high as $106\frac{1}{2}^{\circ}$, and the pulse 160 to 170 per minute. There was delirium, anorexia, nausea and vomiting, paresis of all the muscles of both forearms. The fever subsided on the eighth day when desquamation began. The skin was exfoliated in pieces as large as one's hand. The patient recovered without complications. The paresis continued for some time but gradually disappeared.

These cases are mentioned more to show the contrast between them and those that shall be presently described, than are they for other purposes.

Two daughters of Mr. P. were taken ill on the same day. Ages 4 and 6 years. Both of them had slightly sore throats. Temperature $101\frac{1}{2}^{\circ}$ and 102° respectively. They were just convalescent from varicella. There was no visible eruption on any part of the body except a few small pock marks which had not entirely healed. The skin was probably slightly redder than that of the normal, which disappeared with the temperature in twenty-four hours. The pulse of each child was somewhat accelerated, but probably not more than it would have been from a slight tonsilitis. There was slight nausea at the beginning of the fever. The tongue was slightly coated, but presented no further abnormal appearance. The faces were slightly flushed, hands and feet cold and not discolored. They were seemingly convalescent in forty-eight hours and wanted to get out of bed. There was not the slightest trace of desquamation in either case. A diagnosis of anything further than a simple tonsilitis in either case could not have been made; and yet in each instance, the tonsils, cervical and submaxillary glands afterward became unusually enlarged. The older of the two has, at this writing (six weeks after convalescence), a severe form of nephritis. The specific gravity of urine is

1008, neutral reaction, and containing a large per cent of albumen. There was anasarca, but that has mostly disappeared. The Schneiderian membrane is badly inflamed and secreting an offensive, bloody mucus, which keeps the nares obstructed most of the time. A diagnosis of scarlet fever could not in either case have been made, but from such sequelae we must conclude that the primary affection was that disease.

Such cases just described were seen much more frequently than were those more perfectly developed, and I will not consume time by describing others so similar in symptoms and sequelae, but with a description of one other case, I shall endeavor to close this article.

My first visit to Mrs. H. was about 9 o'clock in the morning. She had felt badly for two days previous. There was slight sore throat, headache, pain in the lumbar region, tongue coated in the center and red around its edges, with papillæ slightly enlarged. Temperature 102° , pulse 130 per minute. There was anorexia and nausea. She was very restless. The skin was a bright scarlet over the entire body and accompanied with most intense burning or itching. She had not taken any medicine nor had she eaten anything for twelve hours. I saw her again late in the afternoon of the same day. The temperature was $103\frac{1}{2}^{\circ}$, pulse 135 per minute. The skin seemed brighter than when she was first seen. The throat was very red, headache increased in severity. She was seen at an early hour on the following morning. The temperature was $98\frac{1}{2}^{\circ}$, pulse 96 per minute. Skin normal, throat better, and she had no headache. She was up the following day and with the exception of weakness was feeling very well. I was unable to arrive at a diagnosis in this case, but from the symptoms presented, would not one have been inclined to term it scarlatina? And yet it could have been no more than an erythema, the cause of which could not be determined. In none of the cases above referred to, was there any history as to the patients having been exposed to any eruptive disease, and consequently

the time of incubation was not known, or a diagnosis from this one thing might have been greatly assisted.

The eruption of rotheln so nearly simulates scarlet fever that the most elect are unable to make a differential diagnosis in many instances. The other symptoms also are very much the same, in fact so much so that some are inclined to classify the disease as being a mixture of scarlatina and measles. Most of the authorities from whom I have read, give symptoms which they think that a mistake in a differential diagnosis of rotheln and scarlet fever would be quite impossible, and while such descriptions do separate the two diseases with much satisfaction to the reader, yet when they are brought in contact with the two diseases at the bedside, things frequently assume a great difference. To use almost the exact words of our author, in speaking of rubella: "The submaxillary and cervical glands are swollen; sore throat almost constantly present; its rash not so scarlet as in scarlet fever nor so finely punctate; especially developed about the hands, feet and neck. The peculiar strawberry tongue is never present in rubella."

From such a description, a diagnosis of rotheln would have been made in many of the cases that were seen in Van Buren, but such sequelae as nephritis and chronic nasal catarrh establish the fact that the primary lesion was scarlet fever.

One might say that such complications might have been accidental and have followed rotheln, but these sequelae could not have been accidental in so many instances.

It might also be said that knowing scarlet fever to be prevalent in a community that all cases with similar symptoms should be regarded as suspicious ones. This is indeed quite true, but might not rotheln be prevalent at the same time? Under such circumstances as above related, I take it that an early diagnosis of scarlatina is often quite impossible, and from the sequelae alone are we able to determine its true character.

THE
JOURNAL
OF THE
ARKANSAS MEDICAL SOCIETY.

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VOLUME V.

JUNE, 1895.

NUMBER 9.

Editorial.

The Work of the Committee on State Medical Legislation and Education.

The new constitution provides for a committee on State medical legislation and education instead of one committee on legislation and one on education as formerly. By a resolution adopted at the May meeting the committee on medical legislation was increased so as to consist of at least one member from

each county in the State having a representative in the State society.

This enlarged committee ought to be able to accomplish all that is desired in the way of medical legislation in this State if all the members go to work now and continue faithfully at it until the legislature meets in 1897.

The JOURNAL has always contended that medical education was the foundation of medical legislation; that if the standard of the profession was raised, its influence would be correspondingly increased until it would be in a position to command respect from the people and their representatives. The next year and a half will afford excellent opportunity for the exercise of energy, perseverance and patience.

When the resolution enlarging the committee was adopted it was suggested that as there would be nothing to do until after the next meeting the committee could organize at Fort Smith in 1896 and get ready to commence its work.

The JOURNAL makes the following suggestions relating to the work of the committee:

That *active* work be commenced *at once*; that the first efforts of the committee be directed toward ascertaining the educational status of *all* persons practicing medicine in the State, whether licensed as five year practitioners when the first law went into effect, or by a county board after examination; the names, post office and place of graduation of every graduate in the State; the name, post office and mode of obtaining license of all who are not graduates; a complete list of medical students now attending medical colleges, together with a similar list of those who are studying medicine preliminary to attending college. The extent of education of each student should be stated. Complete information as to the number of physicians belonging to each of the different schools or sects of medicine should be obtained. The advertising quacks and itinerant vendors of nostrums should be located and listed.

The members of the committee ought not to limit the field of their investigation to their respective counties, but every county in the State should be canvassed by sub-committees or otherwise until all the necessary data is accumulated.

With such a fund of information the committee could present a report at Fort Smith next year that would give the medical profession of the State the best working basis we have ever had. Then, being fully conversant with the evils that exist and their extent, well studied plans could be matured for overcoming them.

A Last Appeal to Delinquent Members.

The treasurer's books show the following state of affairs:

| | | | | | | | |
|----|---------|-----|----|---|-----------|-----|-----|
| 58 | members | owe | \$ | 5 | each..... | \$ | 290 |
| 30 | " | " | 10 | " | ..... | 300 | |
| 21 | " | " | 15 | " | ..... | 315 | |
| 22 | " | " | 20 | " | ..... | 440 | |
| 14 | " | " | 25 | " | ..... | 350 | |
| 10 | " | " | 30 | " | ..... | 300 | |

Total 155 members owe the society.....\$1,995

By a resolution adopted at the last meeting all past dues in excess of \$5 were remitted on condition that the \$5 from each was promptly paid. According to this arrangement after deducting the remissions there is due the society \$750 from 155 members.

The fifty-five members who are in arrears for \$5 each are mostly those who pay their dues but were absent from the last meeting and will remit on request.

The last meeting was the starting of a new era in medical organization in our State. It was thought to be best, and it was undoubtedly exceedingly liberal, to give all the delinquent members an opportunity to get straight again on easy terms so that there could from this time on be no excuse for not keeping up with the march of medical progress.

The society is an incorporated body, and the debts due from members are collectible by law. But it is more than a legal obligation, it is a debt of honor and among all classes such debts are considered more obligatory than any others. All members of the society have the same rights, privileges and immunities as long as their names are carried on the roll. It is decidedly unjust for those who neglect to pay their dues to have all the benefits enjoyed by those who discharge their financial obligation promptly and *cheerfully*.

The present treasurer is now the only officer who has held his position continuously since the society was organized twenty years ago. Never did an officer perform his duties more courteously, faithfully, conscientiously and modestly, and with as much ill requitement. He has been the uncomplaining recipient of all kinds of complaining and uncomplimentary letters from members who seemed to think it a reflection on them to be reminded of their indebtedness to the society, when it was their own fault that such reminder became necessary. The position of treasurer is altogether a business office and nothing more than ordinary everyday business methods has been used in collecting money due the society.

The JOURNAL intends to publish shortly a statement giving the names of all physicians who have ever belonged to the society, the amount they have paid, the amount they have owed and the reason why they are not now members. We believe this will be interesting and beneficial in showing exactly those who have done the work and those who have not; those who have paid and those who have for years reaped the benefits without paying their voluntary obligations.

The JOURNAL publishes this last appeal to all delinquent members to pay their dues, get straight with the society and help carry on the great work that is before the medical profession of Arkansas.

The present administration of the society is of all things a business administration and the JOURNAL hopes all possible assistance will be given to make it successful.

The Close of Volume Five.

With this number the JOURNAL closes the fifth year of its publication and the fifth volume. On account of circumstances heretofore fully explained the publication of the JOURNAL was interrupted for a time, so that the closing volume consists of nine numbers—from October, 1894, to June, 1895, inclusive.

The JOURNAL has had much to contend with in many ways, but it has about outgrown the diseases of childhood, escaped the follies of youth and is now settled down to a life of prosperity and serenity.

Particular attention is called to the following extract from the report of the trustees of the JOURNAL adopted at the May meeting of the society.

"Every member of the society should recollect that the JOURNAL is the child of the society—the property of all the members—and each individual member should foster and nurture it, and give it all the support and assistance within their power and means, to render it worthy of its creator. The advertising patronage of the JOURNAL could be largely increased if the members would endeavor to use their influence over the manufacturing chemists and others who advertise in medical journals, and we suggest and urge that the members of the society mention the JOURNAL, as a proper advertising medium, in their correspondence with those whose products they use and recommend. There is no doubt that concerted action on this line would have the effect of impressing upon manufacturers the benefits to be derived by placing their advertisements in our JOURNAL. What we want is *readers* for the JOURNAL, and, if possible, every medical man in the State should be solicited to become a subscriber. No matter how many other medical papers a man may take, he should by all means patronize his home paper, and become thoroughly informed of the progress of medical thought in his own State.

Thus far, by strict economy and a reasonably fair patronage, the JOURNAL has fully sustained itself pecuniarily, and has proven that it is worthy hearty and cordial support. The re-

port of the editor to the trustees is quite encouraging and eminently satisfactory, and gives conclusive evidence that it has passed its experimental stage, and it now only rests upon the members, individually and collectively, to keep it up to its present high standard of usefulness and excellency.

For causes beyond our power to control, the publication of the JOURNAL was suspended for several months during the summer of 1894, but was resumed again in October of that year, and has been issued regularly ever since. No failure of this kind is anticipated in the future. We assert with confidence that the publication now compares favorably with any similar medical journal that has come under our observation."

The editor takes this occasion to emphasize the fact that he has endeavored, as often as annually at least, to impress upon the members of the society that the JOURNAL is *their* property and they are responsible for it in every way. It has been and will continue to be what they have been and may be pleased to make it.

Editorial Notes.

The Mississippi Valley Medical Association will meet in Detroit, Mich., September 3, 4, 5 and 6, 1896.

Much has been written recently about the effect on women of bicycle riding. One writer mentions a case where the hymen was ruptured on the bicycle saddle. The JOURNAL knows of an instance where a little girl ruptured her hymen in the act of riding a broomstick "boy fashion." Science must not be too exact in its investigations of the physiological and pathological phenomena produced by modern inventions for inducing the physical development of our girls. After all science is frequently but an imitator of primitive nature. Who knows but what the graceful tandem bicycle was suggested by that rustic couplet—

A hick'ry stick and a white oak saddle,
Two little gals a ridin' straddle.

The Arkansas Medical Society.

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Secretary, Bentonville.

The Place of Meeting—Fort Smith, Ark.

The Constitution and By-Laws of the Arkansas Medical Society Adopted May 3, 1895.

CONSTITUTION.

ARTICLE I.

TITLE OF THE SOCIETY.

The name and title of this association shall be "The Arkansas Medical Society."

ARTICLE II.

OBJECTS OF THE SOCIETY.

The objects of this society shall be the advancement of medical knowledge, the elevation of its professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of the suffering, the improvement of the health and the protection of the lives of the community.

ARTICLE III.

THE MEMBERS OF THE SOCIETY.

SECTION I. The members of this society shall consist of permanent members, and delegates from the various county medical societies of this State, organized in accordance with the provisions of this constitution. Delegates shall serve one year, or until others are elected to succeed them.

SEC. 2. All members in good standing in the auxiliary county societies may become members in all its rights and privileges, by an application accompanied by a certificate of good standing in the county society, signed by the president and secretary of the county society, *Provided*, that none but delegate members shall transact the legislative business of the session.

Each society shall be entitled to one delegate for every five members, and one for every additional fraction of more than half this number.

SEC. 3. Every member from a county society, before admission as a delegate to a seat in this society, shall produce a certificate of delegation, signed by the president and secretary of his county society, that he is in good standing.

SEC. 4. All who are members of this society at the time of the adoption of this constitution, and who shall have served as delegates to this society, shall be permanent members so long as they may conform to the constitution and by-laws of the society.

SEC. 5. Physicians of the State of Arkansas, residing in a county where there is no regular organized county society, through the recommendation of two members of the State society in good standing, and the board of censors, may be elected permanent members of this society, provided it be done by ballot, and by an affirmative vote of not less than three-fourths of the members present.

ARTICLE IV.

OF THE OFFICERS.

SECTION 1. The officers of this society shall be a president, a first and second vice president, a secretary, a treasurer and a board of censors consisting of five (5) members, of which three (3) shall constitute a quorum. A president and secretary, respectively, of the section on practice of medicine, surgery, and obstetrics and gynecology.

SEC. 2. The officers shall be elected by a nominating committee consisting of one member from each county society represented, and one in each county where there are one or more members of this society but not a sufficient number to constitute a medical society. Each member shall be entitled to have as many votes as there are delegates present from his society, and members from counties where there are no societies shall be entitled to one vote for each county.

SEC. 3. In the event of there not being a quorum of the board of censors present, the president shall, by appointment, fill the vacancies temporarily.

SEC. 4. None but members who are in actual attendance shall be eligible to the offices of president, vice president, secretary, treasurer, or officers of the sections; but permanent members not present may be appointed upon committees of the society, or delegates to the American Medical Association.

ARTICLE V.

OF THE COUNTY SOCIETIES.

SECTION 1. Three or more members of the profession in any county in this State who desire so to do, may form themselves into a county society; provided that public notice of the proposed meeting for the purpose be given. The said society may adopt rules for its government, provided the same do not contravene those of this society; may elect officers, and do such other matters as shall be necessary to carry out the objects of their association; provided, also, that in any county where no such society exists, the members of the profession in such county shall have the privilege of uniting with the association of any adjoining county, which membership shall continue during the time that no organized society shall exist in the county in which they reside.

SEC. 2. No one shall be admitted as a member of any county society unless he is a graduate in medicine in some respectable medical school, and, moreover, is in good moral and

professional standing in the place where he resides, and is a regular practitioner.

SEC. 3. Every county society shall enforce the observance by members of the code of ethics adopted by this society, and shall be authorized to censure, suspend or expel any member convicted of violating any of its provisions.

SEC. 4. Any member of a county society who is censured, suspended or expelled, shall have the right to appeal to the board of censors; provided the said appeal be filed within three months after the date of said act of censure, suspension, or expulsion. The decision of the board of censors shall be reported to the State society at its next meeting.

SEC. 5. Each county society shall have the right to make a fee bill for regulating the charges of its members for professional services.

SEC. 6. If any county medical society shall fail to perform all such acts as may be required to be done by the laws of this society, or shall commit any acts which may be considered derogatory to the honor of the medical profession, such county society shall, during such delinquency, have its privileges suspended, and its members shall not be entitled to seats at the sessions of this society.

ARTICLE VI.

MEETINGS OF THE SOCIETY.

The society shall hold an annual meeting.

ARTICLE VII.

OF THE FUNDS.

Funds for defraying the expenses of the annual meetings and the current expenses of the society shall be raised by an initiation fee from new members, and an assessment annually on the permanent members of this society; and any permanent member failing two successive years to pay the assessment shall forfeit his membership.

ARTICLE VIII.

ON DISCIPLINE.

The code of ethics of the American Medical Association, and the regulations contained in this constitution, shall be the rules for the government and discipline of the members of this society, and of the respective county societies connected with it.

ARTICLE IX.

The president, secretary and treasurer shall *ex-officio* constitute the board of trustees, who shall have custody of all property belonging to the society. All county societies will be furnished with a uniform constitution by the State society.

ARTICLE X.

AMENDMENTS.

Every proposal for altering or amending this constitution shall be made in writing; and if such alteration or amendment receives the unanimous vote of the members present, it shall be adopted; but if objection be made the alteration or amendment shall lie over until the next annual meeting, when it may be adopted by two-thirds of the voters present.

BY-LAWS.

ARTICLE I.

DUTIES OF OFFICERS.

SECTION 1. The president shall preside at the meetings, preserve order, perform such other duties as custom and parliamentary usage may require, and shall open the annual meeting with an address. He shall not be eligible two terms in succession.

SEC. 2. The vice president, when called upon, shall assist the president in the performance of his duties, and during his absence or at his request, one of them, in the order of their seniority, shall officiate in his place.

SEC. 3. The secretary shall conduct the correspondence and keep correct minutes of the proceedings of the society. He shall in all cases notify the chairman of the committees of their appointments, and request them to answer in writing whether or not they accept. He shall also give due notice of the annual meetings. The secretary shall take charge of all the minute books and other documents of the society immediately after the close of each session and keep them during the intervals, and shall also have charge of all other papers belonging to the society, other than those pertaining to the treasurer.

SEC. 4. The treasurer shall collect all moneys belonging to the society and disburse them as directed, after they have been approved by the secretary, preserving vouchers for the same. He shall annually present a statement of the finances of the society, which shall be referred to a committee of three members to be audited. He shall give security for the faithful performance of his duties whenever the society shall judge it requisite.

SEC. 5. It shall be the duty of the board of censors to examine the by-laws and regulations of county societies, and if they find nothing in said laws and regulations contrary to the letter or spirit of those of this society, the censors shall indorse on them the word "approved," with their signature and the date of their approval, and transmit one copy to the secretary of this society and another to the secretary of the county society. The board shall consider all ethical questions, all questions of a personal character or controversy, including complaints and protests which may be referred to them. The board shall organize by electing a president and secretary and shall keep a permanent record of their proceedings. They shall have general supervision of the ethics of the State and county societies and shall see that members of either the State or county societies guilty of unprofessional conduct, shall be summoned before them and properly dealt with, whether or not any charges have been preferred against said members. Its decisions shall be

final and binding upon all parties, and it shall report to the society at the earliest possible moment.

SEC. 6. It shall also be their duty, in case of an appeal from the decision of any county society by a member who may conceive himself aggrieved thereby, to examine into the merits of the case, and to give their decision thereon. They shall report their decision through the secretary annually.

SEC. 7. All questions pertaining to the code of ethics in any county society may be referred to the board of censors for decision.

SEC. 8. All members of this society admitted under section 6, article 3 of the constitution, shall be under the discipline of the board of censors.

SEC. 9. In any case brought before the board of censors, the decision of a majority of the censors met at the same time and place shall be necessary for the proper adjudication of the case.

ARTICLE II.

MEETINGS.

The time and place of the annual meeting shall be determined by the nominating committee from year to year.

ARTICLE III.

STANDING COMMITTEES.

The following are the standing committees of this society, to be filled by the president, and to report at the next annual meeting subsequent to the appointment, viz:

Committee on arrangements.

Committee on credentials.

Committee on State medicine.

Committee on State medical legislation and education.

Committee on necrology.

Chairmen of committees will be required to report at the meeting which they are assigned; and in the event of being unable to be present, they will be required to see that the report is made by some other member of the committee.

The committee on necrology shall consist of five members whose duty it shall be to procure memorials of the eminent and worthy dead among the distinguished physicians of our State, and transmit them to the chairman of the committee, thirty days before the annual meeting.

ARTICLE IV.

THE PUBLICATION OF PAPERS.

Any paper or report read at any annual meeting shall become the property of the society, and a copy shall at once be placed in the hands of the secretary.

ARTICLE V.

ASSESSMENTS.

The initiation fee of this society shall be \$5 and the annual dues \$3. Members of county societies in good standing at the time of the adoption of this constitution shall not be required to pay the initiation fee.

ARTICLE VI.

RULES OF ORDER.

The deliberations of this society shall be governed by "Roberts' Rules of Order."

ARTICLE VII.

OF THE COUNTY SOCIETIES.

SECTION 1. Each county society shall forward to the board of censors for approval, through its secretary, two (2) copies of its by-laws, with the names of its officers and members.

SEC. 2. The county societies shall report annually to this society a list of their officers and members, and new rules which they may adopt and such other matters as they deem interesting.

If a name of a member is omitted from this report that was contained in the last preceding report, the county society must explain the omission by stating whether the member whose name is omitted is dead, has withdrawn, has been expelled, suspended, or whatever is the fact; and no one not a member

in good standing in his county society can be a member of this society.

SEC. 3. Each county society shall have full authority to adopt such measures as it may deem most efficient for mutual improvement, for exciting a spirit of emulation, for facilitating the dissemination of useful information, for promoting friendly intercourse among its members, and for the advancement of medical science.

ARTICLE VIII.

ORDER OF BUSINESS.

The order of business at the meetings of the society shall at all times be subject to the vote of three-fourths of all the delegates in attendance and unless thus altered, it shall be as on the program prepared by the committee of arrangements.

The scientific work of the society shall be conducted in sections on the practice of medicine; on surgery; and on obstetrics and gynecology. As far as possible the morning hours shall be devoted to the business of the society and the afternoon and evening to the scientific work in the sections.

Proceedings of the Section on Surgery at the Twentieth Annual Session of the Arkansas Medical Society.

WEDNESDAY, May 1, 8 p. m.

This section convened at 8 o'clock p. m. May 1, and was called to order by chairman Dr. Adam Guthrie, Jr.

The following papers were read, discussed and referred to the committee on publication:

1. Chairman's address.
2. Appendicitis, by Dr. J. M. Maury, of Memphis, Tenn.
3. Two cases illustrating the importance of early surgical interference in intra-abdominal disease, by Dr. J. A. Dibrell, Jr., of Little Rock.
4. Two cases of appendicitis, by Dr. C. Watkins, of Little Rock.

The three papers on appendicitis were discussed by Drs. M. S. Dibrell, J. T. Jelks, D. J. Prather, G. W. Hudspeth, J. H. Lenow, T. J. Woods, Geo. F. Hynes, R. B. Christian, J. H. Hutchinson, J. A. Dibrell, Jr., and John M. Maury, of Memphis, Tenn.

Upon motion section adjourned until Friday evening at 2:30 o'clock.

J. R. LYNN,
Secretary.

FRIDAY, MAY 3, AT 3 O'CLOCK P. M.

Section was called to order by chairman Dr. Adam Guthrie, Jr.

The following papers were read, discussed and referred to the committee on publication:

1. A case of hip disease, with exhibition of splint used in its treatment, by Dr. W. B. Deffenbaugh, of Paris.

Discussed by Drs. Jas. A. Dibrell, Jr., J. S. Shibley, W. W. Hipolite, and closed by essayist.

2. Exhibition of a specimen of cancer of the pancreas, by Dr. E. G. Epler, of Fort Smith.

3. Surgical treatment of chronic epilepsy, by Dr. T. J. Woods, of Batesville.

Discussed by Drs. Jas. A. Dibrell, Jr., G. W. Hudspeth, W. B. Deffenbaugh, and closed by author.

At the close of the discussion of Dr. Wood's paper, a patient (a boy 6 years old) was brought before the section by Dr. —— illustrating the beneficial results of trephining for epilepsy.

4. Report of a case of traumatic encephalocele, by Dr. W. B. Lawrence, of Batesville.

5. Laryngeal neoplasms, with specimen drawings, by Dr. Vinsonhaler, of Little Rock.

Upon motion the following papers were read by title and referred to the committee on publication:

1. Cancer, by Dr. G. W. Hudspeth, of Little Rock.

2. Clinical history of two cases of abscess of internal organs as a sequelæ of the grippe, by Dr. Jno. W. Hayes, of Marianna.

3. Chronic prostatitis, by Dr. B. Hatchett, of Fort Smith.

4. Pyæmia, with illustrative cases, by Dr. E. Bentley, of Little Rock.

5. Is syphilis curable, by Dr. C. R. Shinault, of Helena.

6. Extensive burn of the head twelve months subsequently, by Dr. M. Fink, of Helena.

7. Operative interference in hay fever, by Dr. Randolph Brunson, of Hot Springs.

8. The lacerated and contused wound, by Dr. R. B. Christian, of Little Rock.

9. One case of end to end anastomosis for fecal fistula, by Dr. Jas. A. Dibrell, Jr., of Little Rock.

Upon motion section adjourned.

J. R. LYNN,

Secretary.

The Song of the General Practitioner.

[Sung at the Annual Dinner of the Bolton and District Medical Society.]

He must not walk his rounds for fear his patients think him poor,
And dearly do they love to see a carriage at their door;
And if his horse is fat, "He must have little work to do,"
And if it is lean, the reason is, "He starves the poor old screw."

Should he call upon his patients every day when they are ill,
His motive plainly is, "To make a great big doctor's bill;"
If he visits them less frequently—thus lessening their expense—
The chances are he'll be accused of willful negligence.

He must work all day and half the night, and never say he's tired;
For the public look upon him as a servant hired.
And should he take a holiday, he'll find when he comes back,
Some patients have resented it by giving him "the sack."

Concerning money he must seem indifferent to be,
And folks will think he practices from pure philanthropy.
When we hear about him boasting of the guineas that he earns,
We wonder if they all appear in his income tax returns.

About his own afflictions he must never say a word;
The notion of a doctor being ill is so absurd!
And when, perhaps from overwork, he's laid upon the shelf,
His sympathizing patients say, "Physician, heal thyself!"

—J. JOHNSTON, M. D., in *The Lancet* (London.)

County Societies.

The County Societies of Northwest Arkansas.

As the next annual meeting of the State society will be held in Fort Smith next year, it is the duty of the physicians in the different counties contiguous to Sebastian to get together and go to work to have a good meeting.

The work accomplished by a few societies just previous to the last meeting is ample evidence of the power of such organizations in assuring successful sessions of the State organization.

Sebastian County is all right, so is Logan, Crawford is close enough to Sebastian to absorb some of the latter's medical energy.

With Crawford in line it is but a step north to the county of Washington which is apparently suffering from a rather prolonged attack of prostration of her medical interests. With Washington all right, it is but another step to the extreme northwest county, Benton, where are encouraging signs of reanimation after a rather long attack of trance or something else very like death of medical organization.

Carroll County is far away as to distance but nearer to medical organizations than some of the counties more conveniently situated with respect to the meeting place of the State society. There ought to be a society in every county along the line of the Fort Smith Railway from Little Rock to the western border. There will be within a year.

The great northwest, except Sebastian County, has rather —to use a slang expression—"gone back" on the State society for several years. The parent organization is kind to her children and if they will not come to see her she will visit them. All she asks is that they show their appreciation of her to the extent of at least attending the family reunion when it is so convenient and easy.

Miscellany.

The Ethics of Reproduction and Economics of Prostitution.

Dr. Woods Hutchinson, of Des Moines, Iowa, at the meeting of the Tri-State Medical Society, delivered the following address upon the subject of "The Ethics of Reproduction and Economics of Prostitution." Reproduction is heaven's first law. The commandment in Genesis is "Be fruitful and multiply," and is worth all the others put together. It is also much easier to keep. Just because the instinct for it is so deeply rooted in the race and so impossible of control, it has been unsparingly denounced by religions of all creeds in all ages. Because it defied their edicts, they have ordered its suppression and exalted celibacy; but all have ended by tolerating it. And yet it has done far more for humanity, for morality, than they have. It is not only not subversive of the latter, but the very foundation stone of morality and happiness. "The stone which the builders rejected," etc. Its real rank is of the highest, the holiest. The first duty of man is to perpetuate the species. The race has first mortgage on him, and has had ever since he was a sea-weed. Foiled in their attempt to suppress all feelings connected with reproduction, religion and convention ordered the whole function and subject to be ignored in polite society. For this purpose they invented that imitation—instinct; modesty. By this decree not merely the "shameparts" (*pudenda*) falsely so-called, but even the whole body, except the hands and face, is to be tabooed in conversation. The display and admiration of nature's loveliest masterpiece—the human body—is absolutely forbidden. Thus we are made to suffer, not only artistically, but athletically and hygienically. Still worse—children are allowed to reach puberty in absolute ignorance of the meaning and purposes of their most important

function and organs. As a result hurtful experiments and practices of all kinds follow naturally, and ignorance becomes the mother of vice. Society practically makes it shameful for a pregnant woman to appear in public or a menstruating one to break her engagements on that account, no matter how ill she may be—it is “not nice” to mention her “sickness.” Worst of all, the obligation to bear children has been removed entirely. Men and women hesitate to marry for fear of the burdens of parentage, and after marriage endeavor to prevent conception just to save trouble and escape responsibility. This is not right. This is the deadly sin of the present day and the one which has proved fatal to all the civilizations of the past; especially to Greece and Rome. And modern France seems doomed to decadence from the same cause. The endeavor to avoid child-bearing is the chief cause of prostitution! Many a man is practically driven to the brothel by his wife. It is also the root of abortionism and a cause of neurasthenia and degeneracy, mental, physical and abnormal—to wives, husbands and the few children who are permitted to arrive. “Emancipated” women are refusing to bear children because it “interferes with their development.” To the man there is consolation—it ends the breed. For neither the prostitute at one end of the scale, nor the “progressive” woman at the other reproduce their kind. And society has reason to be thankful for both! But what is there to explain this extraordinary attitude on the part of “morals” and “social convention?” Simply the existence of the evil effects of the sexual instinct—fornication, adultery and prostitution. What is the real effect of the latter? It is a superb means for the elimination or sterilization of the unfit of both sexes! A sewer, a garbage-dump, a crematory; and, from this standpoint, a benefit ridding the world eventually of the degenerates and undesirable of earth. Although much has been written upon this subject, data or statistics of really scientific value are extremely scarce. No class of the community is harder to trace, investigate and follow than the prostitute and her associates. After much fruitless search, a circular of inquiry

was addressed to physicians, as the class most likely to possess really adequate and reliable information and most capable of giving an opinion of real value. These letters were sent to a large number of the leading physicians of New York, Philadelphia, Boston, New Orleans, Chicago, St. Louis, San Francisco and Galveston, thus covering every region in the Union, besides a number of country practitioners. The following were the interesting and almost unanimous results:

CAUSES LEADING WOMEN TO BECOME PROSTITUTES.

| | Per cent. |
|----------------------------------|-------------|
| Seduction (innocent) | 11.3 |
| Lack of employment | 9.4 |
| Heredity | 7.8 |
| Bad family surroundings | 23.8 |
| Love of dress and idleness | 42.0 |
| Sexual appetite alone | 5.7 |
| | <hr/> 100.0 |

PRINCIPAL CAUSES.

| | Per cent. |
|---------------------------------------|-----------|
| Love of display, etc., first | 50 |
| Love of display, etc., second | 50 |
| Bad family surroundings, first | 20 |
| Bad family surroundings, second | 50 |

CLASSES OF WOMEN FROM WHICH PROSTITUTES ARE DRAWN.

Eighty-five per cent of observers state "lower" or "lowest class;" fifteen per cent of observers state "fair" or "average."

Education—Eighty per cent of observers state "very low," or "illiterate;" 20 per cent of observers state "fair," or "average."

The doctors thus agree with Du Chatetel who found a majority coming from the "artisan class," and that 60 per cent of French prostitutes could not write their names. The

class furnishing the largest per cent of its members to the prostitute class, all agree, are (1) factory, (2) shop, (3) waiter-girls. The life expectation of prostitutes already engaged in their vocation is 9.5 years; death rate, 1.75, normal. Chief factors of mortality are (1) alcohol, (2) exposure, (3) syphilis. Regarding the increase by progeny the investigation showed fertility: 3.1 per cent bear children during a career of 9.5 years, and 13.2 per cent marry and never return to the trade but these are usually barren or nearly so. The proportion who reform is only 6.8 per cent. Prostitution thus selects the least desirable female element, either those who will "prostitute" trample upon their strongest natural instinct to make an easy living (a mere dirty trade as that is of the burglar or pickpocket), or those who from heredity or bad family surroundings are morally defective. The vocation first renders these women absolutely sterile, stops the propagation of the breed; second, it kills those who follow it within ten years, and, third, it either prevents them from marrying, or destroys the fertility of those who do so—a most happy provision of nature. Then, as to men who graze on this garbage, syphilis preys upon them through, first, sterilizing them; secondly, abortions almost invariably follow conceptions from syphilitic husbands; thirdly, if neglected the disease kills them; and fourthly, of children who are born of syphilitic parents, only 15 per cent survive their fifth year. Gonorrhœa sterilizes a few men by orchitis, and many of their wives by salpingitis. Again breeding of the undesirable is prevented, or the results brought to naught—the weakest go to the wall, and there is once more "survival of the fittest." Nothing we could possibly invent would be so perfect and so relentless. Verily, "The soul that sinneth it shall die," either personally or racially—often both. The remedy lies in education of the young of both sexes. The encouragement of earlier marriages. The discouraging of limitation of the size of families. And in preventing women from working outside of the household or the school. The race which permits its women to work or to board is doomed.

The commercialization of women—not gold—is the root of all evil—especially the “social evil.”—*Medical Fortnightly*.

Dr. Bayard Holmes, of Chicago, considered this the most important subject he had ever heard discussed in a medical society. Medicine is closely allied to sociology, and we have been too long in recognizing this; it is only from the standpoint of the socialist that we can correctly view the question of limitation of prostitution—for it is only by a leveling process, education of the masses, that we can hope for betterment. The author shows that the ranks of the demimonde are recruited principally from the uneducated. If, therefore, we can so rearrange our plans of government that these unfortunate girls can receive a good education, with its accompanying elevation of the moral standard, we will have done much for checking the spread of the social evil. But even more than this is the element of relief from a life of privation, of hardship, of want, of beastly toil by the adoption of a harlot’s gown. Until we can so arrange our system of government that there shall be no terrible want, no stigma of disgrace upon certain forms of employment, no fearful chasm between the very poor and the very rich, nothing can be done to check the spread of the evil. Dr. Hutchinson has shown that almost 50 per cent owe their downfall to a desire for a life of ease, without severe bodily toil. There are more than 6,000 prostitutes in the city of Chicago. A canvass recently showed 90 per cent of them to be American born. The women, almost to a unit, came from homes of squalor and of want, with poor surroundings and poorer education. To-day American cities are rotten—and it comes from a civilization based upon the dollar, and not upon the man; our boasted nineteenth century “civilization” is all wrong. It is a study of just this question which leads to a desire to overthrow our present system, and to the conclusion that upon its present basis our civilization is a failure. But the optimistic physician can but hope for a better civilization to come, in which there will be no poverty and no ignorance; then will there be less crime and less prostitution.—*The General Practitioner.*

Cocaine Inebriety.

It is but recently that this form of narcomania has found place in our nosology—so recently, in fact, that the profession at large are very much at sea regarding it, since reliable reports are few and far between, and the habit is very likely to be complicated with some other, such as the taking of morphine, excessive indulgence in alcohol, etc.

Doctor Norman Kerr, who easily stands foremost among authorities on inebriety and narcomania, in his latest work mentions for the first time the cocaine habit, remarking *en passant* that in his experience it is comparatively rare and for the most part confined to members of the medical profession. *Per contra*, a recent writer in the *Bulletin of Pharmacy*,* writing from the standpoint of a pharmacist, seems to imagine the habit is much more widespread than has heretofore been considered, that it is continually increasing, and that its growing prevalence is largely due to the greatly reduced price of the drug. He also remarks that it is a pernicious habit among a certain class of pharmacists to offer "cocaine when asked for something that will relieve toothache, neuralgia, and countless other aches and pains; that in some way the erroneous notion has come to prevail that in treating the morphine habit cocaine is of great value in counteracting the effects of the former drug." "Proceeding on this principle, numerous quacks have claimed ability to cure the morphine habit, * * * but in its stead the patients become cursed with a vice far more ruinous than all their former ills. * * * To use cocaine to cure the morphine habit is like jumping from the frying-pan into the fire."

Certain it is, the cocaine habit is the most seductive and terrible form of inebriety—the pleasant election which the drug induces, and the apparent absence of unpleasant sequelæ that accrue to other forms of narcomania, lead to rapid destruction of the mental powers. Numerous cases of fatal poisoning by cocaine have been reported in current medical literature, but the

*Albert N. Doerschuk, Ph. G.

number of known cocaine *habitués* is very few—perhaps because unrecognized or, as before mentioned, complicated with some other form of chronic intoxication.

If it is true that both the medical and pharmaceutical professions are responsible for the spread of the cocaine habit, owing to the freedom with which this most potent and treacherous narcotic has been prescribed for the relief of pain, it is certainly imperative that there be thrown about the sale of this drug restrictions which alone can be formulated and carried out by these professions, without any reference whatever to measures employed by the State.

That many of the victims are themselves medical men, is undoubtedly true; the remainder are for the most part made up of women and *litterateurs*. Doubtless pain has recurred after the soothing effect of the first use of the drug has passed away, and the same handy and charmed remedy is again had recourse to without any knowledge of the results that are certain and swift to appear. Thus the craving, beside which the fascination of morphine and opium is infinitesimal, has been acquired, and the victim awakes to the fact that he or she has become bound fast to a habit entirely unsuspected. In a few cases there is evidence that herculean effort and iron will have succeeded in effecting a deliverance, but unfortunately such instances are most rare.

It would appear also that in some instances the cocaine habit has been acquired through the ignorant employment of a prescription by the physician as a succedaneum to opium or morphine, or for the relief of some teasing malady like vaso-motor coryza (hay fever). Nothing can be more disastrous than the substitution of cocaine for some other drug, since it is considerably more speedy than any other narcotic in displaying its characteristic effects, and quicker in securing an abiding mastery over the taker; the stage of exhilaration being more pleasant than that of morphine or opium, the drug is on this account also correspondingly more dangerous. Inebriates' may indulge to most pernicious extremes in strong spirit for years without

apparent mischief; some are even able to carry morphine narcomania to almost incredible lengths ere the drug manifests its deleterious qualities upon the physical and mental organism; but, *per contra*, the mental decay and moral perversion of cocaine excess quickly appear and as speedily increase in intensity. In some instances where the drug has been employed subcutaneously several times daily, an insane condition has developed leading to crime and to suicide; indeed, the cocaine habitué is always insane, and not infrequently a "raving maniac." There is also, under the influence of this drug, less sense of time than from any other narcotic, though all substances possessed of anaesthetic properties seem to have a disturbing effect on the mental capacity.

While cocaine raises the temperature, its effects are much more swift and short-lived than those of morphine, while its tendency, in excess, is always toward delirium and raving madness. In fatal cases stupor and coma follow, with convulsions and paralysis of respiration—or, as Mosso and Kerr put it, "tetanus of the respiratory muscles."

That cocaine acts chiefly upon the central nervous system, first stimulating and then paralyzing, is manifest; it contracts the peripheral blood-vessels. Under its use there is at first, usually, increased mental and bodily vigor, which speedily gives way to intense mental depression along with anorexia, insanity, hallucinations, and complete breaking-down of the mind, with volitional palsy and inhibitory prostration, all taking place in a much shorter time than the mental degeneration and physical decadence of alcoholism—in fact, demanding in many cases only as many weeks as alcohol inebriety requires years.

The peculiar overwhelming danger of cocaine addiction undoubtedly lies in the fact of the comparative absence of immediate after-effects. For some time at least—always, we might say, where the drug is partaken of in only limited quantities.—"there is no *arriere gout*; no unpleasant taste in the mouth next day; no dry tongue; no nausea or morning headache; the pleasurable flow of happiness which seems to have left 'no

sting behind' has indeed been a 'rose without a thorn.' Thus, deadly to all that is noblest and manly, to all that is 'lovely and of good report' in human kind, this speediest of brain disturbers threatens to excel all other mind poisons in its fell sway over the intellect and conscience of man." (Kerr.)

The drug is usually taken subcutaneously, and the doses frequently follow one another in rapid succession. Taken, as it doubtless frequently is, along with or after some other narcotic, it greatly complicates any attempt at alleviation of the latter. Dr. Mattison, of Brooklyn, has reported a number of interesting cases, as have likewise Erlenmeyer, Kerr, Connolly, Norman, and others, and all unite in the opinion that if taken in time the incipient form of cocaine ineptitude is quite easily relieved, but that the habit once confirmed is most intractable. Kerr declares one of his cases consumed thirty grains of cocaine daily; the writer personally knows of an instance where three times this amount of the drug was daily consumed; and yet one-seventh of a grain has been known to prove fatal to a stout, healthy man.

As regards treatment, there can be no dispute. It must be both mental and physical, and, like the treatment of all habits, is seldom of any utility except when carried on under complete and definite restraint.—*The Medical Age.*

The Treatment of Acute Pneumonia by "Ice Cradling."

In the *British Medical Journal* for May 11, Dr. P. Blaikie Smith, of the Aberdeen Royal Infirmary, reports two cases in which he employed a method of treatment thus entitled with good results. The subject of ice cradling, he says, first attracted his attention about two years ago, when Dr. W. Soltau Fenwick reported encouraging results following the adoption of certain antipyretic procedures in cases of acute sthenic pneumonia. Out of 128 cases treated by sponging or ice cradling the mortality

amounted to 10 per cent, while the death-rate in 552 cases treated in the ordinary way reached 23 per cent.

During the two months preceding his report Dr. Smith has had several cases of acute pneumonia in which his method of carrying out the treatment was practically the same as that described by Dr. Fenwick. The patients were placed in bed, and over the body and legs two large cradles were arranged extending from the shoulders to the feet. Six or eight small pails filled with ice were attached to the arches of the cradles; a thermometer was hung from the center of the upper cradle, and both the cradles were covered, first with a blanket, then with a waterproof, and lastly with the usual covering. The pails were refilled as the ice melted, and the temperature of the air under the cradles, of the ward, and of the patients was taken every four hours; the temperature of the air under the blankets before the cradles were placed in position was also taken. This treatment was maintained until the patient's temperature became normal. These cases, says Dr. Smith, were examples of acute sthenic pneumonia, all of them complicated with pleurisy, and in one instance the pneumonia was double. All the patients recovered.

The first case was that of a man, aged 30 years, who was suffering from inflammation of the whole of the left lung, complicated with pleurisy. His pulse was 106, his respiration 41, and his temperature almost 103° F. Before the treatment was begun the temperature of the air under the blankets was 88° . When simple cradling had been employed for four hours it had fallen to 72° , after the employment of ice cradling for the same length of time it had fallen to 62° , and afterward during the treatment it ranged between 60° and 70° until the eighth day, when a crisis occurred, and the treatment was discontinued. With regard to the effect of the treatment on the bodily heat, says Dr. Smith, no marked depression was observed. The temperature declined gradually and in a somewhat fluctuating manner, the fall becoming more rapid as the crisis approached. The

pulse and respiration rates, and their ratios to each other, seemed practically unaffected by the treatment.

The second case was that of a man with pneumonia of the apex of the right lung, complicated with pleurisy. The bed temperature was not taken in the beginning, but after the cradles had been in operation for two hours (without ice) it was 80° F. and the patient's temperature 105.4°. The pails were then filled with ice, and in two hours more the bed temperature had fallen to 73°, but there was no material change in the patient's temperature. For the next few days, until the eighth day, when the crisis took place, the ice cradling was maintained, with the results that the bed temperature fluctuated between 74° and 65°, at the end of that time, the cradling having been discontinued, the thermometer under the blankets was 87°. In this case, says the author, the effect of the treatment on the patient's temperature was not at all evident. For three successive afternoons the thermometer rose to over 105°, the cradle temperature rising with it, but it finally fell rapidly on the eighth day to normal. With regard to the pulse and respiration rates, the influence of the ice seemed more apparent, for with a temperature of 105° the pulse was only 100 and the respirations ranged between 30 and 35 a minute.

Dr. Smith states that he is unable to discover any marked signs of improvement following the complete establishment of the treatment. There was no sudden fall of temperature, but, although there was no decided reduction in the temperature, the pyrexia (even in one case where both lungs were extensively involved) did not attain a great height, and he is inclined to think that the treatment exercised a restraining influence on the bodily heat. The pulse and respiration also seemed to be under restraint, for the heart's action was in no case unduly rapid or weak, and the breathing was never a source of anxiety. The patients, as a rule, felt comfortable under the treatment, although one or two complained of cold feet. In one patient inordinate perspiration was a marked feature, but the discom-

fort arising from this symptom disappeared at once with the establishment of ice cradling.

Regarding the means by which the antipyretic results were brought about, the author thinks that a twofold influence was at work—that of the air under the cradles and that of the ice pails. It is doubtful, he says, which of the factors was the more powerful, although he inclines to the belief that the lowering of the temperature produced by the cradles was greater than that due to the melting of the ice.

Judging from what he has seen of the procedure, Dr. Smith is disposed to recommend ice cradling as a mild form of antipyretic treatment, suitable for sthenic cases of acute pneumonia, for it is easy of application, is not violent in its effects, is not fatiguing to the patient, and is readily carried out in any disease where a restraining influence on pyrexia and its attendant symptoms is desired.—*N. Y. Medical Journal.*

Has the Revival of Symphysotomy Proved a Success?

It has been claimed that symphysotomy never died out, and therefore cannot be said to have been revived. This is true in one sense, but the term revival does not require that actual death should have taken place, it simply indicates a change from a state of depression to one of activity. There was one operation in 1858, another in 1860, a third in 1863, and a fourth in 1864, under which there were three women lost. From 1863 to 1866 there was not an operation in any part of the world. This interval of three years applies especially to Italy, but it was far longer in many other countries. The last operation in Germany was in 1852, and in France in 1860. There was no symphysotomy in Berlin from 1815 to 1892, and none in Paris from that of Baudelocque, in 1833, to that of Pinard in the Clinique Baudelocque in 1892. To advance from twelve operations in Italy in 1891 to eighty-five in thirteen countries in 1892, and 149 in fifteen countries in 1893, looks

very much like a revival. This was properly an exodus from Italy, where it had been tested and improved for twenty-six years under two persevering obstetric surgeons. The real advance under antiseptic management in Naples began in 1886, and our record for Italy since then gives fifty-six cases, with four women and eight children lost. Having been asked as to the credit of the chief operators, we say that Professor Morisani lost one child, but no woman, under seventeen operations; Professor Novi lost two children, but no woman, out of ten cases; and Dr. Mancusi lost neither mother nor child out of six cases, making thirty-three operations, with a loss of three children. Neapolitan operators lost two women and six children out of forty-five cases. Bologna added to the mortality by two operations, which were both fatal; that city had four operations in all her history, all of which proved fatal.

We may divide the history of symphysotomy into three periods: the first, from 1777 to 1864, inclusive; the second, from 1866 to 1892; and the third, since the exodus from Italy, in February, 1892. In the first period, of eighty-seven years, it is believed there must have been 150 operations in seven countries, viz: France, Germany, Belgium, Holland, Spain, Italy and England. Spain and England had but one each, and the record of cases that can be relied on shows that about one-third of the women and two-thirds of the children were lost. Under this discouraging record of mortality the second period was introduced in 1866 by Professor Ottavio Morisani, of Naples, who still lives to see the improvement of results that he inaugurated. In this period there were 106 operations, all in Italy, with twenty women and sixteen children lost. The improvement under a rigid antiseptic technique is shown by the fact that under the last thirty-eight operations (1886-1891) there were but two women lost, or $5\frac{1}{3}$ per cent; while the infantile mortality was $10\frac{2}{3}$ per cent.

The knowledge of this greatly reduced death-rate in Italy, the operations being almost entirely in Naples, caused the exodus of February, 1892, when, after an interval of thirty-two

years, Professor Adolphe Pinard introduced symphysotomy into France. His success soon caused an extension of the work into other countries in the following order: Germany, Austria, Russia, United States, Denmark, Brazil, Ireland, Switzerland, Holland, Canada and India, all in the year 1892. It will be noticed that although Ireland, Canada and India introduced the operation, England declined to repeat her experiment of 1782 until a later period.

In the year 1891 there were twelve operations, all in Italy, and in 1892 there were eighty-five operations in thirteen countries. Of the eighty-five women delivered ten died, and of the children twenty-four were lost.

In 1893 operations were performed in fifteen countries to the number of 149, losing nineteen women and twenty-nine children.

In the United States there have been seventy-five operations, with a loss of ten women and eighteen children.

The best encouragement for the performance of symphysotomy is to be found in certain centers where there have been many maternity cases in the hands of a few men. The Clinique Baudelocque has a staff of six obstetric surgeons, who up to December, 1894, had performed forty-eight operations, of which Professor Pinard had a credit of twenty-five. He lost his ninth and seventeenth patients, or 8 per cent of his cases, and the eighteenth child. The other five operators lost two women out of twenty-three, and three of their children. The whole mortality is $8\frac{1}{2}$ per cent, each, of the women and of the children. Professor Pinard says in his last report that of the forty-eight women thirty-seven were "exclusively examined and cared for at the Clinique Baudelocque," and of these thirty-seven only one died, and she of intestinal obstruction produced by a fibrous band; the children were all born alive.

In Professor Paul Zweifel's clinic, at Leipzig, there were twenty-one symphysotomies in fifteen months prior to January 1, 1894. Of the twenty-one women Professor Zweifel operated on eighteen, and his three assistants on one each. No woman

died and four children were lost; the children lost were delivered by the professor.

The most encouraging work in symphysotomy in the United States has been that of New York City, where ten operators saved nineteen out of twenty-one women, and eighteen of their children. One of the two deaths was unavoidable, the patient being *in extremis* when brought to the hospital; the other died of sepsis due to the operation. It is fair to New York to count out the first case of Professor W. T. Lusk and give her twenty operations with one woman and two children lost, a mortality respectively of 5 and 10 per cent. There is much credited against this form of operation that is due to the prior condition of the patient, or to injuries produced in a hurried delivery of the foetus. There have been eighty deliveries in North America, with ten women lost, and of these ten only four can be fairly charged against the operation *per se*.

Symphysotomy is an alternate of craniotomy, and not of Cæsarean section, although the performance of the latter in preference may in exceptional cases become one of wisdom. In three such questions of choice in Philadelphia, Cæsarean section was selected in two, and all of the women and children were saved. The limit of symphysotomy is very marked in our country, and, as a rule, extends from a conjugata vera of $2\frac{3}{4}$ inches to one of $3\frac{1}{4}$ inches, when the pelvis is flat and the foetus of average size. But in the justo-minor pelvis, or when the foetus weighs from 9 to 12 pounds or more, the operation may be called for when the measure is $3\frac{1}{2}$, $3\frac{3}{4}$, or even 4 inches. The average weight of male children delivered under symphysotomy in the United States has been found to be $8\frac{7}{16}$ pounds, and of females $8\frac{1}{16}$ pounds; so that it is folly to limit the conjugate to a measure below $2\frac{3}{4}$ inches if the child is to be delivered either by the forceps or by version without its death. Thus far there has been too large a proportion of children lost in most countries, and attention should be specially directed toward the best method of delivering them alive.

Paris and London are in direct antagonism in regard to the choice between embryotomy and symphysotomy. Professor Pinard advocates the abandonment of infantile destruction as a preparation for delivery, and hopes in the perfection of symphysotomy to accomplish his purpose. London, voiced by Dr. Peter Horrocks and other Fellows of the Obstetrical Society, takes an entirely opposite ground, as shown by a discussion at the meeting of March 7, 1894. England prefers craniotomy to pubic section, and several Fellows claimed that there was less immediate and subsequent danger and disability after the Cæsarean section than after symphysotomy. There would be good reason for advocating this preference if English operators had the success of a Sänger or a Zweifel, but London Cæsarean sections in the recent past have had a mortality of 38 per cent in the women and 27 per cent in the children; and as this is since January 1, 1886, it may be considered a fair estimate. Dr. Horrocks, to throw discredit upon symphysotomy, made the following statement: "His own experience consisted in witnessing one case. His colleague, Dr. Galabin, operated. The pubes were brought together by means of a wire suture, but although both mother and child survived, the mother has never been able to do any work since, and was, he had heard, at the present time in an infirmary." On tracing up the patient after the society meeting it was found that she and the baby were sound and well, but that she had had a mammary abscess; the case has not yet been reported, although more than a year has passed, and the statement of Dr. Horrocks stands against it. The president of the London Obstetrical Society rated the mortality under symphysotomy at 10 per cent, and thought that the Cæsarean operation, when properly performed as to time and circumstances, would be attended with no greater loss. It is true that Professor Murdoch Cameron did save twenty-seven out of thirty Cæsarean subjects in Glasgow, but the general obstetric operators of England lost sixteen out of thirty-two and ten children. President Herman,* already quoted, had lost four

*Dr. Herman has recently reported 11 operations with 6 women lost; the cases having a favorable prognosis recovered.

women out of seven, and three children, and Dr. Cullingworth lost three women out of five. Of fourteen women operated upon "early," five died, or 36 per cent; and of four operated on "prior to labor," one died, or 25 per cent. We fail to see what ground the Fellows of the Obstetrical Society of London have for claiming that they can save nine Cæsarean women out of ten, even under conditions classified as "favorable." Our mortality in the United States is far greater than this, but in cases operated upon before labor, or early in it, our losses have been much lower than in England.

We look upon symphysotomy in America as an established operation. We have no prejudices against it or in its favor. We do not object to repeating the operation on the same woman. We are opposed to craniotomy, not upon religious grounds, but because "it is a relic of barbarism," and we believe that the unborn foetus has a certain claim to live. When the pelvis of a woman is too small for delivery of a living foetus, as shown by a failure with the forceps under a fair trial, we believe in saving the foetus by a subosseous pubic section. If a woman can deliver herself when her children are small, or can be delivered by forceps, what is to be done when the foetus is a little too large for a natural or instrumental delivery? England says perforate the head, as there is no danger to the mother; we say separate the symphysis, so that a living child may be delivered, and under such precautions that the mother shall run but a minimum measure of the risk. We hope in time to reduce the mortality both in women and children by a better experience and by securing the patients in good season. We are opposed to experimenting with symphysotomy in cases of rachitic dwarfs having a conjugate under measure, as the fetus is likely to be lost under version of forceps pressure. In all doubtful cases of minimum measure it is safer to deliver under Cæsarean section, performed early, and, better still, before labor has commenced.—*Medical News.*

Salacity in Medical Journals.

The March Woman's Medical Journal fiercely denounces the "salacious in medical journals" in one editorial and in another as strongly indorses a new aphrodisiac as "one of the few specifics we have. The results obtained from its use in impotence were really surprising." The *juxta-position* of the praise of the aphrodisiac and the discovery of salacity in the medical journals is amusingly suggestive, to say the least.—*The Medical Standard.*

The Scientific Housewife.

Give me a spoon of oleo, ma,
And the sodium alkali,
For I'm going to make a pie, mamma,
I'm going to make a pie;
For John will be hungry and tired, ma,
And his tissues will decompose—
So give a gramme of phosphate,
And the carbon and cellulose.

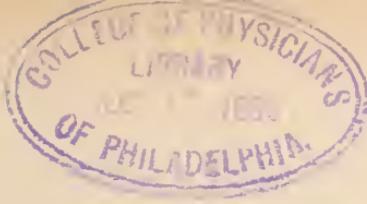
Now, give me a chunk of caseine, ma,
To shorten the thermic fat;
And hand me the oxygen bottle, ma,
And look at the thermostat;
And if the electric oven's cold
Just turn it on half an ohm,
For I want to have supper ready
As soon as John comes home.

Now, pass me the neutral dope, mamma,
And rotate the mixing machine,
But give me the sterilizing water first
And the oleomargarine,
And the phosphate, too, for, now I think,
The new typewriters quit,
And John will need more phosphate food
To help his brain a bit.

—*Chicago News.*

What He Should Take.

A magistrate of Edinburgh, contemporary with "Lang Sandy Wood," the eminent physician, planned how to get from the latter a prescription without a fee. Taking advantage of a custom of the time, he invited Sandy to take his meridian with him in a "change house" near the Cross. Over the wine he gave a long account of his ailments, to which Wood listened in grim silence. At last he put the direct question: "Doctor, what do you think I should tak'?" "Tak'!" exclaimed Sandy, "why, if ye're as ill as ye say, I think ye should tak' medical advice."



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